

<b>Case Number:</b>	CM15-0126072		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female who sustained an industrial injury on 09/20/2004. Mechanism of injury occurred in his position as an animal technician, when pushing an animal rack in an upright position when he sustained an injury to his low back. Diagnoses include lumbosacral sprain and strain, stress and depression. Treatment to date has included diagnostic studies and medications. On 05/05/2015, there is an order for a Psych consult due to stress and depression for medications. The most recent physician progress note dated 02/27/2015 documents the injured worker complains of lumbosacral pain with radiculopathy sciatica left lower extremity. He also has blood in his stool. He rates his pain as 7 out of 10. There is tenderness to the paraspinal muscles with spasms, and increased radicular symptoms. He has decreased sensory in the left lower extremity. Treatment requested is for monthly psychotropic medication management and approval, 1 session per month for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Monthly psychotropic medication management and approval, 1 session per month for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Chapter and pg 36.

**Decision rationale:** According to the guidelines, depression can be managed with psychotherapy, medications or a combination. In this case, the medication to be used and the need for a psychologist consultation may be appropriate, but the frequency of visits and necessity cannot be determined without the consultation. Six months of visits cannot be justified with the information provided. The condition and quality of depression or necessity for management by a specialist was not substantiated. The request is not medically necessary.