

Case Number:	CM15-0126356		
Date Assigned:	07/10/2015	Date of Injury:	01/31/2014
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

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

This is a 32 year old male whose date of injury is 01/31/2014 involving an injury to his left ankle and low back. Subsequent to that, when filling out a form he checked off some boxes incorrectly, stating that this was due to inattention. He was then, according to the patient, accused of falsifying a document and terminated from his employment. Treatments to date have included physical therapy, acupuncture, medications, and activity modifications. He developed symptoms of depression and anxiety. Psychological testing of 05/01/2015 shows subjective complaints of depression, anxiety and irritability due to pain. He presented to the appointed as guarded but this was described more as a function of his personality style. He was preoccupied with worry, and was anxious and distraught. Beck Inventories were mild-moderate for depression, mild for anxiety. He endorsed insomnia, trouble concentrating, diminished confidence, and loss of interest. Also noted were stress-intensified medical symptoms of headache, pain and GI. Objectively he appeared anxious and showed difficulty concentrating, with impaired motivation. Diagnosis was major depressive disorder, single episode, unspecified and psychological factors affecting medical condition. There is an RFA dated 04/22/15 for Buspar, Wellbutrin, and Lunesta but no supporting documentation was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mediation management, 2 sessions over the next 3 months or more: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding medication management ODG Office Visits.

Decision rationale: Office visits for medication management are medically necessary to insure ongoing safe treatment for the patient, taking into consideration clinical stability, other conditions and medications present, etc. The frequency and number of these visits though is based on the individual and what medication is prescribed as some require closer monitoring than others, what the patient's current condition is, etc. A set number or frequency of office visits cannot be predetermined. In addition, no documentation or rationale was provided as to when or why the patient was given these medications to begin with. No psychiatric evaluation was provided for review, just psychological testing of 05/01/15. This request is therefore not medically necessary.