

<b>Case Number:</b>	CM15-0127594		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Arizona,  
Maryland Certification(s)/Specialty: 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 49 year old woman sustained an industrial injury on 10/5/2012. The mechanism of injury is not detailed. Treatment has included oral medications and group psycho education for depression. Diagnoses include major depressive disorder, personality disorder features, sleep apnea, and physical injury. Physician notes on a PR-2 dated 5/29/2015 show complaints of depression, low energy, anhedonia, poor concentration, attention and memory, poor self-esteem and guilt, irritability and anger, hopelessness, and derealization that are less intense. Recommendations include Effexor, Trazadone, additional sessions of group psycho education for depression, stop Nortriptyline, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 monthly med management visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with major depressive disorder and presented with complaints of depression, low energy, anhedonia, poor concentration, poor attention and memory, poor self-esteem/guilt, irritability and anger, hopelessness, and derealization. She is being prescribed Effexor and Trazadone. The request for 6 monthly med management visits is excessive and not medically necessary as the injured worker is not taking any medications that would require such close monitoring needing six more office visits. It is to be noted that the UR physician authorized two office visits.