

Case Number:	CM15-0140216		
Date Assigned:	09/03/2015	Date of Injury:	07/29/2004
Decision Date:	10/06/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Psychologist

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 67-year-old male, who sustained an industrial injury on 7-29-2004. The mechanism of injury was related to receiving 8-10 minutes of full electrical voltage. The injured worker was diagnosed as having post-traumatic stress disorder. Prior medical diagnoses include gouty arthritis, hypertensive cardiovascular disease, dyslipidemia, constipation, sexual dysfunction, deep vein thrombosis and asthmatic bronchitis. There is no record of a recent diagnostic study. Treatment to date has included group therapy and medication management. In a clinical psychology progress note dated 3-20-2015, the injured worker complains of depressed mood and anxiety. Physical examination showed the injured worker appeared tired and had substantial difficulty with memory retention and recall. The treating physician is requesting 3 sessions of Psychopharmacology management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychopharmacology management, quantity: 3 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Office visits (2015).

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychological services as well as psychiatric medication management services for the past several years. The request under review is for additional 3-psycho pharmacology medication appointments/visits. Given the fact that the injured worker has been under the care of a psychiatrist and has been receiving psychotropic medications to assist in the treatment of his psychiatric symptoms, the request for 3 medication management office visits appears reasonable. As a result, the request is medically necessary.