

<b>Case Number:</b>	CM15-0069930		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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:

The injured worker is a 64 year old male who sustained an industrial injury on 7/16/13. He has reported initial complaints of pain in the shoulder after falling from a ten foot high ladder. The diagnoses have included major depressive disorder, post- traumatic stress disorder and non-dependent alcohol abuse. Treatment to date has included medications, surgery to right arm and thoracic surgery, physical therapy, alcoholics anonymous, and psychiatric. The current medications included Norco and Ibuprofen. Currently, as per the psychologist physician progress note dated 2/7/15, the injured worker reported that he fell at work and has had several surgeries and physical therapy. He also states that his pain is rated 2-4/10 most days but sometimes worse and the medications are effective. He noted that he is irritable, short tempered, concentration and memory are poor and some days he has no energy or desire to do things. He states he has problems with sleep due to pain, nightmares, screaming in his sleep and reliving the accident and intrusive thoughts about the accident. Treatment recommendations were psychiatric evaluation for psychotropic medication, individual psychotherapy with cognitive behavioral and supportive interventions. The physician requested treatment included Medication Management, quantity 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management, quantity 6, (per 03/31/2015):** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**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, post-traumatic stress disorder and non-dependent alcohol abuse and continues to have symptoms such as feeling irritable, short tempered, poor concentration, memory and poor energy or desire to do things. He continues to experience problems with sleep due to pain, nightmares, screaming in his sleep and reliving the accident and intrusive thoughts about the accident. The request for Medication Management, quantity 6, (per 03/31/2015) is medically necessary for stabilization and treatment of the symptoms. Will respectfully disagree with UR physician's decision.