

<b>Case Number:</b>	CM15-0096136		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 49 year old female who sustained a work related injury September 12, 2007. Past history included gastroesophageal reflux disease, hypertension, and angina. When a freight elevator failed, she had to carry products to a dolly from the first to the third floor. She went home and developed low back pain in the middle of the night, which then continued into the second day. She later became depressed and in 2010 was referred to psychiatry and prescribed medication for depression and anxiety. According to a physician's psychiatric evaluation, dated April 14, 2015, the injured worker appeared frustrated, angry, irritable, and depressed on presentation. She reports not sleeping well due to pain in her back and legs, rated 8/10. She does have a history of attempted suicide in 2011, 2012, 2013, by trying to hang herself and in 2014, with overdosing on medications. Diagnoses are chronic lumbar strain; L5-S1 disc disease; lumbar disc injury L4-5; L5-S1 radiculopathy; depressive disorder not otherwise specified. At issue, is the request for medication management 6 sessions over 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 6 sessions over 6 months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Office visits.

**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." Per the Psychiatric progress report dated April 14, 2015, the injured worker appeared frustrated, angry, irritable, and depressed on presentation. She reported not sleeping well due to pain in her back and legs. She does have a history of attempted suicide in 2011, 2012, 2013, by trying to hang herself and in 2014, with overdosing on medications. She has been diagnosed with chronic lumbar strain; L5-S1 disc disease; lumbar disc injury L4-5; L5-S1 radiculopathy; depressive disorder not otherwise specified. The request for Medication management 6 sessions over 6 months is medically necessary for treatment of the psychiatric symptoms in light of the extensive psychiatric history with significant deterioration in the past.