

<b>Case Number:</b>	CM14-0075098		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 injured worker is a 54 year old female, who sustained an industrial injury on 10-13-1999. The injured worker was diagnosed as having major depression-single episode-moderate to severe non-psychotic and pain disorder due to both psychological factors and a general medical condition. On medical records dated 01-27-2014 and 11-18-2013, the subjective findings noted anxiety, depression, diminished energy, low self-esteem, social withdrawal, suicidal ideation and periods of crying. Becks depression inventory was 53 on 01-27-2014 and 50 on 11-18-2013 and Becks anxiety inventory was 42 on 01-27-2014 and 43 on 11-18-2013. Physical findings were noted as anxious and depression. Treatments to date included medical and psychiatric treatment. Current medication included Lexapro. The Utilization Review (UR) was dated 04-25-2014. The UR submitted for this medical review indicated that the request for Medication Management Sessions, 1 session every 4 weeks (12 sessions) (date of service 1/27/14-1/27/15), was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management Sessions, 1 session every 4 weeks (12 sessions) (date of service 1/27/14-1/27/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines-Treatment in Workers Compensation) Mental Illness and Stress Procedure.

**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 & Stress/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 depression-single episode-moderate to severe non-psychotic and pain disorder due to both psychological factors and a general medical condition. She is being prescribed Lexapro for depression and anxiety. The request for Medication Management Sessions, 1 session every 4 weeks (12 sessions) (date of service 1/27/14-1/27/15) is excessive and not medically necessary as the injured worker is not on any medications that would require such close monitoring needing once a month visit for another year.