

Case Number:	CM13-0000965		
Date Assigned:	11/01/2013	Date of Injury:	04/17/2013
Decision Date:	01/22/2014	UR Denial Date:	06/11/2013
Priority:	Standard	Application Received:	07/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 case involves a 43 year old female who found her supervisor at work after his suicide by hanging at their place of business on 4/19/13. She had worked for him for 12 years, and the work office had felt like a family to his patient supervisor did activities with her sons, he even took her family to New York. Patient said she gave her supervisor a hug the night before he died as she left work, which is the only time she ever gave him a hug. The patient had been planning to marry her fiancée a couple weeks from now, and patient has put that on hold since the death. Patient says that her supervisor's death is affecting the patient more than her own father's death that occurred several years ago. (see Post Traumatic Stress Disorder symptoms below) The patient has been treated with clonazepam, Prozac and trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, PTSD and Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, PTSD.

Decision rationale: The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), page 23; and the Official Disability Guidelines (ODG), Mental Illness and Stress, PTSD. The Physician Reviewer's decision rationale: The guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. Psychotherapy sessions without an endpoint or unlimited psychotherapy exceeds that guideline and as such are not medically necessary per MTUS. This is true even though this patient did have a diagnosis of PTSD and per guidelines would tend to need more, but not unlimited psychotherapy.

Pharmacotherapy management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Office Visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Office Visits; and the American Psychiatric Association Practice Guidelines, Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, 3rd Edition.

Decision rationale: National standards of care require that the patient receives a minimum of eight medication management sessions over a twelve month period in order to assess the efficacy of the medications such as clonazepam, Prozac and Trazodone. Not only does this patient need two medication management visits with a psychiatrist but will need ongoing psychiatric medication management visits with a psychiatrist over time for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team. As important as medication management is, no treatment endpoint was sent with the request for simply "pharmacotherapy management." Such a request has no limits and as such exceeds guidelines and is not medically necessary.