

Case Number:	CM13-0011345		
Date Assigned:	03/26/2014	Date of Injury:	02/27/2009
Decision Date:	08/06/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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/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:

The patient is a 50-year-old female who was injured in February 2009. The patient sustained an injury to her left shoulder. A note from the internist dated 11/20 of last year indicates that the patient was teary eyed and that she was seeing a psychiatrist but does not indicate a diagnosis or medications. A report from 12/3 indicates that she was on trazodone, venlafaxine and lorazepam but does not detail her psychiatric condition or indicate a diagnosis. There is essentially no other information provided regarding her psychiatric condition or treatment. The provider has requested coverage for Pharmacological Management to include prescription, follow up evaluation with a psychologist, hypnotherapy, frequency and duration not indicated, and continued group medical/cognitive behavioral and supportive psychotherapy times six. The first request (pharmacological management) was modified to one visit, the others were denied. This is an independent review for medical necessity for the unmodified request for pharmacological management to include prescription along with the other denied services listed above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management to include prescription (depression, anxiety, female hypoactive sexual desire, sleep disorder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The MTUS/ACOEM Stress Related Conditions Chapter indicates that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Additionally, the ACOEM states that referred to a specialist is recommended that serious conditions such as severe depression and schizophrenia, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. From the clinical documentation submitted for review, there is very little information about the patient's mental health condition and no indication that any of the above indications for specialty referral have been present since there is no evidence of severe depression or schizophrenia. It is not known how long the patient's symptoms have persisted. As such, the medical necessity for the requested service is not established. The request is not certified.

Follow up evaluation with a psychologist (depression, anxiety, female hypoactive sexual desire, sleep disorder): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The clinical documentation submitted for review do show some indication of depression and tearfulness. The MTUS Chronic Pain Medical Treatment Guidelines recommend psychological evaluations to determine if further psychosocial interventions are indicate. The MTUS indicate that the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. As such, the requested service appears to be in accordance with the MTUS guidelines. The request is certified.

Medical hypnotherapy (depression, anxiety, female hypoactive sexual desire, sleep disorder), frequency and duration not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Procedure Summary.

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, Summary of Medical Evidence.

Decision rationale: The MTUS and ACOEM are silent on hypnotherapy. The : Official Disability Guidelines (ODG) recommends hypnosis in the context of posttraumatic stress disorder (PTSD) and limits the number of sessions to no more than 50. In this case, since there

is no indication of PTSD, no indication as to why hypnosis is indicated and the number of sessions is not noted, congruence with the ODG is not evident. Therefore, the medical necessity is not established. The request is not certified.

Continued group medical/cognitive behavioral supportive psychotherapy times six (6) (depression, anxiety, female hypoactive sexual desire, sleep disorder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommends an initial trial of three to four psychotherapy visits over two weeks, and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, it is not clear how many visits, if any, the patient has had or what the specific psychiatric indication for the therapy is. Since it is not clear whether the patient has been in treatment or that progress has been made. The medical necessity is not established as the number of requested visits exceeds the initial number indicated by the MTUS guidelines. The request is not certified.