

Case Number:	CM13-0016572		
Date Assigned:	11/06/2013	Date of Injury:	08/09/2006
Decision Date:	01/24/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine 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:

The applicant is a [REDACTED] employee who has filed a claim for psychological stress, anxiety, depression, insomnia, headaches, substance abuse disorder, diabetes, hypertension, and chronic pain reportedly associated with an industrial injury of August 9, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; transfer of care to and from various providers in various specialties; unspecified amounts of psychotherapy over the life of the claim; and extensive periods of time off of work. The applicant has not worked since 2006. In a utilization review report of August 15, 2013, the claims administrator partially certified one medication management office visit every eight weeks for one year and denied a request for cognitive behavioral therapy in the amount of 24 sessions. The applicant's attorney later appealed. An earlier note of July 8, 2013 is notable for comments that the applicant has ongoing mental health issues and requires psychiatric follow-up to treat their issues related to depression, inability to work, chronic pain, etc. The applicant is on several psychotropic medications, including Cymbalta and Effexor. The patient is off of work, "100% disabled," per a note of March 4, 2013. As of that day, the patient was using Desyrel, Zoloft, and Lunesta. Multiple other notes interspersed throughout 2012 and 2013 are notable for the comments that the applicant carries diagnoses of major depression, pain disorder, panic disorder, a substance abuse disorder, etc. The applicant has abused illicit substances in the past. It is noted that the claims administrator cited non-MTUS ODG Guidelines, while the attending provider cited non-MTUS American Psychiatric Association (APA) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of cognitive behavioral therapy: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: The MTUS-adopted ACOEM Guidelines in chapter 15, states, an applicant's failure to improve may be due to incorrect diagnoses, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant has, indeed, seemingly failed to improve despite having prior unspecified amounts of psychotherapy over the life of the claim. The patient remains highly dependent on various psychotropic medications. The requests for 24 sessions of cognitive therapy are not medically necessary and appropriate.

Medication management visits once every eight weeks for one year: 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)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: The MTUS-adopted ACOEM Guidelines in chapter 15, the frequency of follow-up visits is dictated by the severity of symptoms, whether or not the applicant was referred for further testing and/or psychotherapy, and/or whether the applicant is missing work. The applicant has several psychiatric issues, has failed to return to work, is on several psychotropic medications, and is at risk for issues related to substance abuse/substance misuse. Follow-up visits once every eight weeks for medication management for one year are medically necessary and appropriate.