

Case Number:	CM13-0018265		
Date Assigned:	11/06/2013	Date of Injury:	09/27/2010
Decision Date:	01/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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.

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 61 year old female with a date of injury of 9/27/2010. According to the 5117/2013 examination by [REDACTED], the patient had suffered from anxiety, depression, and agitation. The patient had subjective findings that included being tired and fatigued due to Ativan. Her objective findings included psychomotor agitation, fatigue, dysphoric affect and moderate anxiety. She is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Ativan 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 24..

Decision rationale: The MTUS Chronic Pain Guideline indicates benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Ativan is a benzodiazepine. Since this patient has been treated with benzodiazepines for over six weeks, Ativan is not medically necessary.

24 individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 23.

Decision rationale: The MTUS Chronic Pain Guideline recommends an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. Twenty-four psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS.