

Case Number:	CM13-0020119		
Date Assigned:	10/11/2013	Date of Injury:	10/05/2008
Decision Date:	01/30/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/04/2013

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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of October 5, 2008. The patient has also apparently alleged issues with anxiety disorder, major depressive disorder, and pain disorder. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; psychotropic medications; prior cervical spine surgery in July 2010; prior wrist surgery in January 2011 and August 2011; and extensive periods of time off of work. In a utilization review report of August 28, 2013, the claims administrator denied a request for psychotherapy. The patient's attorney later appealed, on September 4, 2013. An earlier medical-legal evaluation of November 2, 2012, is notable for comments that the applicant reportedly has severe clinical depression with a Beck score of 43. An April 6, 2013, psychiatry note is notable for comments that the applicant is having panic attacks, feels sad, and is depressed, angry, and irritable. The applicant is on Neurontin, Ambien, and Klonopin. She remains off work, on total temporary disability. In a November 19, 2012, medical-legal evaluation, the applicant acknowledges that she has been receiving psychotherapy and has had at least 6 sessions of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment 1x/month (40 mins)x 3 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, the frequency of follow-up visits should be dictated by the severity of symptoms, whether or not an patient was referred for further testing and psychotherapy, and/or whether or not an applicant is missing work. In this case, the fact that the patient is off of work, on total temporary disability, is having ongoing mental health complaints, and is having issues related to psychotropic medication selection does make a compelling case for further psychiatric visits on a monthly basis to adjust the applicant's medication profile. Therefore, the original utilization review decision is overturned. The request is certified.

Psychotherapy every two weeks x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, the ultimate goal of therapy is to preserve an applicant's functioning at work and in social relationships. In this case, the patient has had unspecified amounts of psychotherapy over the life of the claim. There is no clear demonstration of functional improvement following completion of the same. The patient continues to have persistent mental health issues. The patient has failed to return to work. For all of these reasons then, continuing psychotherapy in the face of the applicant's failure to progress with prior treatment is not indicated. Therefore, the request is not certified. In this case, since the patient is seemingly alleging stand-alone mental health (psychiatric) issues, the MTUS-adopted ACOEM Guidelines in Chapter 15 appear to be a more appropriate selection than the MTUS Chronic Pain Medical Treatment Guidelines, as suggested in Section 9792.23.8(a).