

Case Number:	CM13-0021466		
Date Assigned:	11/08/2013	Date of Injury:	08/21/2006
Decision Date:	01/09/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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 fifty eight year old female patient who sustained a work related injury secondary to exposure of airborne toxicants and allergens on 08/21/06. She experienced an onset of physical and emotional symptoms that necessitated various absences from employment. She has had multiple health conditions including chronic rhinitis and bronchial asthma, hypercholesterolemia, hypertriglyceridemia and marked weight gain. She has suffered from depression, anxiety, social isolation, lack of interest in activities previously enjoyed and lack of sexual interest. She has been noted to have suicidal ideation. She has been treated with talk psychotherapy as well as psychiatric medication management. She has been treated with Lexapro, Wellbutrin and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management; one time every six weeks, eight (8) meds management sessions for twelve months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter Cognitive Therapy for Depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27 & 107. Decision based on Non-MTUS Citation ODG Mental Illness and Stress, office visits,

and American Psychiatric Association Practice Guidelines Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition DOI: 10.1176/appi.books.9780890423387.654001http://psychiatryonlin

Decision rationale: The CA MTUS does not specifically address office visits for psychiatric medication management. The ODG does address office visits as follows: Recommended as determined to be medically necessary; Evaluation and ,management (E&M) outpatient visits to the Offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The American Psychiatric Association Practice Guidelines states the following with respect to therapeutic interventions: "b. Assessing the adequacy of treatment response In assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose [I]. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month [I]. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention [II]."

Cognitive behavioral therapy and group therapy; two times monthly, twelve (12) CBT sessions and twelve (12) group sessions/ twelve months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter Cognitive Therapy for Depression..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-24.

Decision rationale: This patient's records do not demonstrate any functional improvement as a result of her group and/or individual psychotherapy. The request for psychotherapy beyond three to four cognitive behavioral sessions is not supported by the CA MTUS guidelines that state: "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction,using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)"