

Case Number:	CM13-0022521		
Date Assigned:	11/13/2013	Date of Injury:	06/23/2003
Decision Date:	01/24/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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:

The Patient is a female was working at a group of fifteen homes, each housing at least six developmentally disabled/mentally retarded individuals, ranging in age from teenagers to adults. She had been working there in direct care since September 1984. Because some of these individuals are combative, The Patient had been "hit on" (claimant's words) by her clients periodically. The first significant incident occurred in 1998 when "██████," a developmentally disabled teenager weighing approximately 130 pounds, began striking The Patient while she was on the phone calling for back-up, as she had noted earlier that he was becoming agitated. She escaped the area after help arrived. The Patient finished her shift. At home, she experienced increasing neck pain. The Patient's employer sent her to an industrial physician, who diagnosed "neck sprain." When the pain did not remit, she chose her own physician, an orthopedist. He treated her conservatively, and placed her on modified duty. She became the manager of the house, which decreased the amount of direct client contact. The Worker's Compensation case settled after approximately one year, without legal consultation on The Patient's part. She was awarded future medical care and \$14,000. The Patient continued working as a house manager until approximately 2003, when, instead of one manager per house, each manager was in charge of three houses. "I took a \$6 per hour decrease in pay and went back to direct care, but I was also called a Team Leader." On June 23, 2003, "A Male," a 30-year-old man weighing approximately 180 pounds, was playing loud rap music on his stereo. The Patient went to his room and asked if she could turn the music to a lower volume, which he allowed. On leaving the room, "A Male" approached her from behind and held her against the door, hitting her on the neck, head and back. She was able to extricate herself. Several days later she made an appointment with her orthopedist, who prescrib

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Venlafaxine ER, 150mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Venlafaxine (Effexor®) Page(s): 123.

Decision rationale: In the case under review, there are multiple notes from the requesting physician detailing the need for the full prescribed dose, which apparently was 450 mg per 24 hrs. Both the patient and doctor were laboring diligently to lower the dose of Venlafaxine but were unable to. The patient was motivated to be on the lowest dose possible of her psych meds and stated this clearly. A prescription of Venlafaxine 150 mg seems medically necessary per guideline.

prescription of Sertraline 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on SSRIs (selective serotonin reuptake inhibitors Page(s): 107.

Decision rationale: This patient has depressive symptoms that are well documented by the requesting physician. Both the patient and doctor were laboring diligently to lower the dose of sertraline but were unable to. In fact, the physician noted on 5-20-13 that he/she thought the patient needed even more Sertraline. The patient was motivated to be on the lowest dose possible of her psych meds and stated this clearly. Per guidelines, Sertraline is medically necessary for well-documented depression.

prescription of Trazodone 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: This patient has depressive symptoms that are well documented by the requesting physician. Both the patient and doctor were laboring diligently to lower the dose of Trazodone but were unable to. The patient was motivated to be on the lowest dose possible of

Trazodone and stated this clearly. Per guidelines, one prescription of Trazodone is medically necessary for well-documented depression.

Unknown psychotherapy treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Behavioral interventions.

Decision rationale: These guidelines are clear that a total of up to 6-10 visits are in recommended. In this case, there is no evidence of a diagnosis of Post-Traumatic Stress Disorder. The request was for "unknown psychotherapy treatments" without an endpoint. An unlimited number of psychotherapy sessions exceeds that guideline of a total of 6-10 visits and, as such, the request is not medically necessary per MTUS.