MAXIMUS Federal Services

Case Number:	CM13-0023761		
Date Assigned:	11/15/2013	Date of Injury:	04/25/2005
Decision Date:	02/11/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/12/2013

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 59 year old injured worker with a date of injury of 4/25/2005. Under consideration is the prospective request for twelve monthly medication management sessions for 48 weeks and 12 monthly cognitive behavior psychotherapy sessions for 24 weeks. The patient has been under treatment for chronic pain and resultant psychological factors and major depression. The patient has been undergoing therapy since approximately 2008. During the recent report from August, the subjective complaints included anhedonia, anxiety, phobic avoidance of situations that rekindle memories of the traumatic event, preoccupation with the industrial stressors leading to the illness, depression, diminished energy, sleep disturbances, social withdrawal, impaired concentration, and low self-esteem. Objectively, the patient was agitated, anxious, depressed, had impaired concentration, obvious physical discomfort, and was responding to internal stimuli. [redacted] requested continued psychotherapy focusing on alternatives for the future and reducing rumination about prior work-related psychological abuse. The patient has been treated with Abilify, Buspar, Neurontin, Topamax, Wellbutrin and Zoloft. At issue is the medical necessity for twelve psychotherapy sessions and of twelve medication management

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve monthly medication management visits over 48 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27 & 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits, and the American Psychiatric Association Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition.

Decision rationale: According to the American Psychiatric Association Practice Guidelines, "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 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. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention." The Official Disability Guidelines, states, "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 medical records provided for review indicates that the patient will need twelve medication management visits with a psychiatrist and as well will need ongoing psychiatric medication management to monitor to patient's safety, overall condition and to monitor lab tests. In addition the provider will need to collaborate with the entire health care team. The request for twelve medication management visits over 48 weeks are medically necessary and appropriate.