

Case Number:	CM13-0024059		
Date Assigned:	11/20/2013	Date of Injury:	07/05/2011
Decision Date:	02/05/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

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 claimant is a 34 year old female whose original date of injury was 7/5/11. She awoke and could not move her neck to her left upper extremity. Her job included lifting of up to 25 lbs. with occasional bending, stooping, pushing, pulling, standing, walking, and overhead activities. She went to the emergency room and was diagnosed with severe tendonitis and was taken off of work for 5 days, remaining off for an additional 5 days. She continued working until 9/5/11 using a splint. She attended physical therapy, received a cervical spine MRI and electrodiagnostic studies of the upper extremities. She then received 3 epidural steroid injections, which provided temporary relief. A consultation with a hand surgeon led to the diagnosis of de Quervain's syndrome, for which she underwent surgery. She also underwent surgery for left index trigger release in 2012 with the findings of reflex sympathetic dystrophy. The end result however has been mobility loss to those areas. After sustaining the industrial injury the claimant began to experience depression, anxiety, and stress, along with sexual dysfunction. Psychologically, the claimant had a pre-existing condition which worsened in 2009. At that time she experienced a lack of self-confidence, frustration and depressed mood, ultimately in 2012 leading to the diagnoses of major depression single episode, moderate to severe, pain disorder associated with psychological factors and was prescribed Wellbutrin and melatonin. AME Psychiatry of 1/22/13 notes that it is probable that the claimant experienced an aggravation of a pre-existing psychiatric illness leading to the development of major depressive disorder. AME Psychiatry exam of 7/19/13 shows that the claimant remains on omeprazole, hydrocodone with acetaminophen, Zolpidem 5mg QHS, and gabapentin 1000mg as needed which she uses 2-3 times per week for pain. She did not fill a prescription for Cymbalta as it was not authorized. There has been some improvement i

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Cognitive Behavioral Psychotherapy sessions in 6 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

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

Decision rationale: Per ACOEM/ODG cognitive behavioral psychotherapy remains the standard treatment for major depressive disorder in conjunction with medication therapy. If the patient continues to manifest daily anxiety and depressed mood (guilt, indecisiveness, hopelessness, emptiness, worthlessness, amotivation, and lack of confidence, energy, and poor enthusiasm), given her plethora of symptoms as well as the fact that her psychiatric disability has been indirectly associated with her industrial accident, it is my considered opinion that ongoing cognitive behavioral therapy is medically necessary in this case. Given that the recommendation for this patient was continuing brief psychotherapy as needed up to 8 sessions per year, I would authorize one session per month for the next 6 month, for a total of 6 sessions.

4 Medical Management sessions in 6 months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits.

Decision rationale: ODG recognizes the need for individualized treatment for a patient who requires close monitoring on maintenance medication such as antidepressants or opiates. However ODG does not specify the frequency with which such visits should take place. I am therefore authorizing 2 medical management visits to take place in the next 6 months