

Case Number:	CM13-0026189		
Date Assigned:	11/22/2013	Date of Injury:	04/23/2008
Decision Date:	01/30/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/19/2013

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 claimant is a male who sustained a work-related injury on 4/23/08 when he slipped and fell down. Since his injury, he has been experiencing neck pain and right shoulder pain. He has undergone multiple modalities of treatment including multiple surgeries and physical therapy. However, his pain has persisted. Claimant developed several psychological symptoms secondary to his injury including depressed mood, anxiety, irritability, poor sleep, aggressiveness, and crying spells. He is diagnosed with Mood Disorder Due to General Medical Condition, Pain Disorder Associated with General Medical Condition and with Psychological Factors and Sleep Disorder Insomnia Type. He has completed 26 psychiatric/psychological treatments since January 2012, including biofeedback, a Functional Restoration Program, and individual psychotherapy/psychiatric medication management. However, he continues to report depressed mood, poor sleep, and daily passive suicidal ideation. He continues to be easily agitated. Bupropion, Ativan and Effexor have been prescribed by [REDACTED]. The issues at hand are 6 additional sessions of cognitive behavior therapy and 1 psych re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 6 additional sessions of cognitive behavior therapy: Overturned

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

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

Decision rationale: These guidelines are clear that a total of up to 6-10 visits are in keeping with guidelines. In this case, there is no evidence of a diagnosis of Post-Traumatic Stress Disorder. Six psychotherapy sessions is within the guideline of 6-10 sessions. The patient has had a more than adequate trial of psychotherapy. The patient has a long track record of improving function as a result of psychotherapy. Six psychotherapy sessions are within guideline and therefore medically necessary per MTUS.

Request for 1 psych re-evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits and the American Psychiatric Association Practice Guidelines.

Decision rationale: The CA MTUS does not specifically address office visits for psychiatric medication management but does address SSRI medications such as Paxil and benzodiazepines such as Restoril and Ativan. Hydroxyzine is addressed elsewhere in this review. 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. It is unclear whether the request was for a psychological evaluation, a psychiatric evaluation or both. Guidelines for both have been cited above. This patient has three psychiatric medications, one that may need weaning per guidelines. The patient has a history of responding well to psychological treatments. The patient has depression and anxiety symptoms that would benefit from psychological evaluation and treatment. A psychological evaluation is medically necessary.