

Case Number:	CM13-0028372		
Date Assigned:	11/27/2013	Date of Injury:	01/13/2012
Decision Date:	01/30/2014	UR Denial Date:	08/24/2013
Priority:	Standard	Application Received:	09/23/2013

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 physical medicine and rehabilitation, has a subspecialty in pain management, 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:

This is a 29-year-old that was injured on 1/13/12. He was working as a gardener for the [REDACTED] and was robbed at gun point. He has been diagnosed with Axis I: Post-traumatic Stress Disorder (PTSD); Major Depressive Disorder, single episode, moderate to severe and Sleep disorder, insomnia type. No Axis II personality disorder. Axis V: GAF was 42 on 7/11/13 report from [REDACTED]. Utilization review denied the request for 4 visits for psychotropic medication management and denied psychotherapy 48 visits, because they did not receive requested information before the UR decision deadline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four medication management sessions, 25 minutes each: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The patient was reported to be seeing the psychologist, [REDACTED] and on the 7/1/13 psychiatric evaluation by [REDACTED], the patient was noted to be on Celexa, Risperdal, and Klonopin and was having possible side effects. [REDACTED] wanted to introduce, adjust and educate the patient on psychotropic medications, with 4 visits in the first month, at 25

minutes per visit. The Stress Related Conditions Chapter of the ACOEM Practice Guidelines states: "Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." The request for 4 visits in the first month for medication introduction and adjustment appears to be in accordance with the Stress Related Conditions Chapter of the ACOEM Practice Guidelines. The request for four medication management sessions, 25 minutes each, is medically necessary and appropriate.

48 individual psychotherapy sessions, one hour sessions each: 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 Behavioral Interventions Section Page(s): 23; 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Guidelines for Chronic Pain Section, and Stress Chapter, Cognitive Therapy for PTSD (Post-Traumatic Stress Disorder) Section.

Decision rationale: I am asked to review for "48 individual psychotherapy sessions, one hour sessions each." I have cited the Chronic Pain Medical Treatment Guidelines, for psychotherapy and behavioral interventions, but note that these are interventions for chronic pain. In this case, the requesting psychiatrist is requesting the psychotherapy for PTSD. ODG guidelines has specific recommendations for psychotherapy for PTSD. ODG guidelines recommend an "initial trial of 6 visits over 3-6 weeks" and with "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT (cognitive behavior therapy) is being done and progress is being made." The request for 48 sessions of individual psychotherapy, without documentation that progress is being made, is not in accordance with ODG guidelines, and will exceed the initial recommended visits for a trial. The request for 48 individual psychotherapy sessions, one hour sessions each, is not medically necessary or appropriate.