

Case Number:	CM13-0030828		
Date Assigned:	11/27/2013	Date of Injury:	01/05/2001
Decision Date:	01/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

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 61 year old female with a date of injury of 01/05/01. A review of the patient's most recent examination completed on 05/06/13 by [REDACTED] revealed the patient was under care for both depression and musculoskeletal pain. The patient was taking Sertraline (Zoloft), Xanax, and melatonin for depression. Significant objective findings included noticeable depression and mild mood. The patient's diagnoses included major depression and pain disorder associated with both psychological factors and a general medical condition. The provider indicated the patient was stable under the present treatment and was benefitting from her current medications. The provider also indicated that continued medication management would be necessary, prescribing additional Xanax and Zoloft for the patient. Further review of the documentation revealed [REDACTED] had further requested outpatient psychotherapy and continued medication management for the patient. [REDACTED] noted that failure to authorize treatment would lead to unnecessary suffering and increased impairment, as well as a continuation of severe symptomatology. Lastly, the patient's documentation also indicated that she had been completing cognitive behavioral therapy since at least June 2012; however, the total number of sessions completed had not been noted. The patient's documentation also indicated the patient had been taking both Zoloft and Xanax since at least October 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 24 sessions of cognitive behavior therapy once a week for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain..

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, page 23 states the following about behavioral interventions: "Recommended: The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." It is clear that a total of up to 6-10 visits are in keeping with guidelines; since twenty-four psychotherapy sessions exceed that guideline, they are not medically necessary per MTUS.

The request for four sessions of medication management once every six weeks for 24 weeks:
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 Page(s): 24 and 107. Decision based on Non-MTUS Citation Official Disability Guidelines section on Mental Illness and Stress, office visits, and the American Psychiatric Association Practice Guidelines: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition.

Decision rationale: The California MTUS does not specifically address office visits for psychiatric medication management. The Official Disability Guidelines (ODG) does address office visits as follows: "ODG, Mental Illness & Stress, Office Visits. 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." The American Psychiatric Association Practice Guidelines: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition states the following with respect to therapeutic interventions: "b. Assessing the adequacy of treatment response 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 [I]. 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 [I].

Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention [II]." This patient has been treated with Melatonin, Xanax and Zoloft. Xanax is a benzodiazepine; this group of medications is addressed in the Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 on page 24. The guidelines recommend short term use of six weeks or less which is often very difficult to achieve. This difficulty only serves to underscore the need for regular and ongoing psychiatric medication management. Zoloft is an SSRI medication; this group is addressed in the Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 on page 107. The national standards of care require that the patient receives a minimum of eight medication management sessions over a twelve month period in order to assess the efficacy of the medications such as Zoloft, Melatonin and Xanax, and to monitor the patient for safety, and adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. For these reasons, the request for four sessions of medication management once every six weeks for 24 weeks is considered to be medically necessary.

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