MAXIMUS Federal Services

Case Number:	CM13-0031607		
Date Assigned:	03/19/2014	Date of Injury:	01/31/2012
Decision Date:	05/02/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and Pulmonary Diseases, 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 expert 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 58-year-old male who reported an injury on 01/31/2012. The mechanism of injury was not provided. The patient's diagnosis included adjustment disorder with mixed anxiety and depression. The patient's subjective complaints included anxiety, sleep disorder, suicidal ideation, nightmares, irritability, anger, social withdrawal, tearfulness, low self-esteem, decreased libido, poor concentration, forgetfulness, and difficulty focusing and making decisions. The request was made for 6 sessions of psychotherapy on a weekly basis and 2 sessions of medication management on a monthly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY TIMES 6 SESSIONS (UNDEFINED): 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 COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

Decision rationale: California MTUS Guidelines recommend considering psychotherapy cognitive behavioral therapy after 4 weeks if there is a lack of progress from physical medicine alone. There should be an initial trial of 3 to 4 psychotherapy visits over 2 weeks in individual

sessions. The clinical documentation submitted for review failed to provide documented objective findings including testing to support the necessity for the requested number of sessions and to support the necessity for therapy. Additionally, the requested number of sessions exceeds Guideline recommendations. There is a lack of documentation indicating what psychotherapy is being requested. The request as submitted failed to indicate what type of psychotherapy was being requested. Given the above, the request for psychotherapy times 6 sessions (undefined) is not medically necessary.

MEDICATION MANAGEMENT SESSIONS X2 ON A MONTHLY BASIS (UNLIMITED): Upheld

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

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 CHAPTER, OFFICE VISITS

Decision rationale: Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment, and what medications the patient is on. As the patient's conditions are extremely varied, a set number of office visits per condition cannot reasonably be established. The clinical documentation submitted for review failed to indicate the medications that were prescribed to support the necessity for medication management visits. Additionally, an unlimited number of visits would not be supported, as this does not allow for re-assessment. Given the above, the request for medication management sessions x 2 on a monthly basis (unlimited) are not medically necessary.