

Case Number:	CM13-0036356		
Date Assigned:	12/13/2013	Date of Injury:	05/14/2012
Decision Date:	04/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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 Psychiatry, and is licensed to practice in Connecticut. 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 claimant is a 49-year-old woman with date of incident of 5/14/12 when she picked up a "stink bomb" which exploded in her face. Since the incident she presents with intermittent aphonia for which no clear underlying "organic cause" has been found, deemed to be presentation of a psychiatric (conversion) disorder. She also reports nausea when reading. She meets criteria for major depressive disorder, anxiety not otherwise specified, and PTSD presenting with depressed mood, insomnia, loss of appetite, anhedonia, problematic concentration, lack of interest, passive suicidal ideation, anxiety, irritability, muscle tension, nightmares, and hypervigilance. Zoloft has been recommended to treat anxiety spectrum symptoms in place of her current Wellbutrin, which is likely exacerbating the anxiety. The notes also include video evidence indicating that the patient might be feigning her symptoms of aphonia. The provider notes that the patient has had psychotherapy in the past and done "very well with it." Notes from 8/13/13 indicate that the claimant has completed six additional sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 ZOLOFT 50MG WITH TWO REFILLS: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guideline Watch (March 2009): Practice Guideline for the Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, American Psychiatric Association (APA).

Decision rationale: The APA Guidelines recommend an SSRI as first line pharmacotherapy for PTSD. This patient has PTSD and an SSRI such as Zoloft is indicated. As such, the request is certified.

PSYCHOTHERAPY 2-4 TIMES A MONTH FOR 12 MONTHS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM states that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. The Official Disability Guidelines recommend an initial trial of 6 visits over 6 weeks, and, with evidence of objective functional improvement, a total of up to 13-20 visits may be authorized. Extremely severe cases of combined depression and PTSD may require more sessions if documented that cognitive behavioral therapy is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders. The patient indeed has severe symptoms of combined PTSD and depression, has done very well with therapy thus far, and thus meets the ACOEM and ODG criteria that recommend further therapy sessions as requested. As such, the request is certified.

PSYCHIATRIC TREATMENT 1-2 TIMES A MONTH FOR 12 MONTHS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Guideline Watch (March 2009): Practice Guideline for the Treatment of Patients With Acute Stress Disorder and Posttraumatic Stress Disorder, American Psychiatric Association (APA).

Decision rationale: The ACOEM states that the frequency of follow up visits may be determined by the severity of symptoms whether the patient was referred for further testing and or psychotherapy and whether the patient is missing work. As per the APA guidelines, continuation phase pharmacotherapy is strongly recommended following successful acute phase antidepressant therapy, with a recommended duration of approximately 4-9 months (assuming good and consistent control of depression symptoms). Patients who have not fully achieved remission with psychotherapy are at greater risk of relapse during the continuation phase,

treatment should generally continue at the same dose, intensity, and frequency that were effective during the acute phase. When a treatment plan includes medication (Zoloft in this case) to manage the patient's condition, there is a medical necessity for continuous medication management sessions to evaluate efficacy, side effects, and compliance. The request for psychiatric treatment (presumed to be psycho-pharmacology) 1-2 times per month for 12 months is reasonable and in keeping with standard practice. As such, the request is certified.