MAXIMUS Federal Services

Case Number:	CM13-0040429		
Date Assigned:	12/20/2013	Date of Injury:	01/28/2010
Decision Date:	02/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/29/2013

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 case involves a 43 year old female with a date of injury 1-28-2010 when she sustained trauma to her right shoulder and neck. The patient has had right arm pain. The patient has been diagnosed with Adjustment Disorder and Generalized Anxiety Disorder. The patient was injured while providing an airway for a patient in cardiac arrest. She sustained injury to her neck, C4-6 and was unable to return to work. [redacted], a QME stated that the possible need for psychiatric medication should be assessed by a psychiatrist over multiple sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

four psychiatric consultations for psychotropic medications: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter, Office Visits, and guidelines found in the Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, found at http://psychiatryonline.org/content.aspx?bookID=28&sectionID=166

Decision rationale: National standards of care require that a patient receive a minimum number of medication management sessions over a twelve month period in order to assess the efficacy of the medications such as medicines for depression and anxiety. Not only does this patient need some medication management visits with a psychiatrist in the short term but will need ongoing psychiatric medication management visits with a psychiatrist over the medium and long term for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for 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. In addition, the prescriber would need to collaborate with the entire health care team. Four psychiatric consultations for psychotropic medications are medically indicated per guidelines.

Request for 24 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended because 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. When separate cognitive motivational therapy is necessary, an initial trial of 3-4 psychotherapy visits over two weeks should be provided. With evidence of functional improvement, further sessions can be indicated. 24 psychotherapy sessions exceed that guideline and as such are not medically necessary per MTUS.