

Case Number:	CM13-0040707		
Date Assigned:	12/20/2013	Date of Injury:	05/11/2007
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
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 Neurology, has a subspecialty in Geropsychiatry 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:

Records reviewed: 138 pages of medical and administrative records, psychiatric report of 8/20/13. This is a 57 year old female whose date of injury is 5/11/2007. Her current diagnosis is panic disorder with agoraphobia. She received a psychiatric consultation on 8/20/13, during which the following information was obtained. The claimant sustained a slip and fall injury, using both of her hands to break her fall. She did not suffer any fractures however her tendons were swollen. After a course of cortisone injections her pain worsened and she underwent several surgeries to both her right and left hands, the most recent surgery being 1/26/2012. She felt no improvement, and became sad and frustrated. She was evaluated by an Agreed Medical Evaluator (AME) in July 2012 and received the diagnoses of anxiety disorder and sleep disorder (both industrially related and stabilized, and PTSD, nonindustrial and stabilized. Since then she has had 2 ER visits in 08-09/12 for panic attacks. She has been using Xanax intermittently but has become increasingly fearful of leaving home and unable to drive long distances. Worsening of her physical complaints is noted, including headache, musculoskeletal pain, gastrointestinal distress, palpitations, and skin rash. Symptoms from industrial panic disorder are anxiety, irritability, anger, sleep disturbance, social withdrawal, impaired concentration, and exaggerated startle response, all of which were felt to be compounded by PTSD from childhood molestation and rape which was never treated. At this point she was classified as mildly impaired in the areas of activities of daily living, social functioning, concentration, and adaptation. Beck Depression Inventory showed symptoms consistent with a moderate range of depression, and she scored 18 on the Beck Anxiety Inventory (consistent with a severe level of anxiety). Initial authorization for 10 CBT sessions was modified to 4 on 10/16/13. Current medications include Xanax XR sin

IMR ISSUES, DECISIONS AND RATIONALES

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

Once weekly individual outpatient cognitive behavioral psychotherapy for a total of 50 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation ODG (mental illness & stress chapter)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Cognitive Therapy for Panic Disorder.

Decision rationale: The patient has had a very limited number of CBT sessions to date (4). However, she is said to be mildly impaired with respect to activities of daily living, social functioning, concentration, and adaptation. She is currently not on active antidepressant therapy, just taking a benzodiazepine (Xanax). The requested number of outpatient cognitive behavioral therapy sessions (50) falls outside the standard guidelines delineated by ODG for this disorder. As the patient has not shown significant progress to date, to embark on a course of what would be a year's worth of cognitive behavioral therapy is not indicated given the presented acuity of her symptoms. Therefore the request is denied.

Medication management with psychiatric visits every 1 to 3 months for at least the next 2 to 3 years: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation ODG (mental illness & stress chapter)

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, Office Visits.

Decision rationale: To date the patient has been managed with Xanax XR the treatment of an anxiety disorder. As noted in ODG/CA-MTUS guidelines, long term use of the benzodiazepine class of drugs is not indicated for the treatment of anxiety disorders. As such, authorization of continuing medication management visits by a psychiatrist are not indicated as the claimant should not be maintained on this agent in the long term for anxiety management. The request is therefore denied.