

Case Number:	CM13-0048172		
Date Assigned:	12/27/2013	Date of Injury:	08/10/1992
Decision Date:	02/25/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Expert Reviewer is Licensed in Psychology, 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 claimant is a 60 year-old with a date of injury of 8/10/92. According to medical reports, the claimant sustained injuries to his right knee and back when he slipped and fell on oil while working as a salesman/manager for [REDACTED]. He has been medically treated over the years using various methods including medications, injections, physical therapy, and surgery. He also sustained injury to his psyche as a result of his work related incident. In his 10/1/13 progress report as well as all previous reports, [REDACTED] diagnosed the claimant with: major depressive disorder, single episode, severe, with psychotic features and psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve individual psychotherapy sessions: 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 Guidelines.

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 and Stress Chapter.

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services for quite some time. Prior to the request, the claimant had received over 37 psychotherapy sessions in 2013 in order to maintain stabilization. It is clear from [REDACTED] "Supplemental Report: Response to Utilization Review Denial/Modification" letter dated 10/10/13, that the claimant requires continued services due to the level of severity of his symptoms and the types of symptoms he is experiencing. However, 12 additional sessions appears excessive at this time. Although the claimant has far exceeded the ODG recommendations regarding total number of sessions due to the nature of his case, the ODG typically recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" if needed. Loosely applying these guidelines, a request for 12 additional sessions without some demonstration of "objective functional improvement", or in this case, objective functional stability, is not appropriate. As a result, the request for "12 individual psychotherapy sessions" is not medically necessary. It is suggested that future requests correspond more closely to the guidelines and possibly include fewer sessions being requested so that the case is assessed more frequently regarding the continuation of services. The request for twelve individual psychotherapy sessions is not medically necessary or appropriate.

Six psychotropic medication management sessions: 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) Mental Illness and 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 and Stress Chapter.

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychiatric services from [REDACTED] approximately once a month for the past year. He has actually been receiving psychiatric services for several years from [REDACTED] and his associates. Based on the psychotropic medications prescribed to the claimant and the severity of his symptoms, follow-up medication management sessions are warranted. However, the ODG indicates that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Based on this guideline, the need for continued medication management follow-up office visits needs to be determined after assessing the claimant's current concerns, symptoms, and stability. A request for 6 office visits spanning the duration of 6 months appears excessive as the need may easily change during that period of time. As a result, the request for "6 psychotropic medication management sessions" is not medically necessary. It is suggested that

future requests involve office visits that span a shorter period of time so that ongoing assessment can help determine the need for continued care. The request for six psychotropic medication management sessions is not medically necessary or appropriate.