

Case Number:	CM13-0049479		
Date Assigned:	12/27/2013	Date of Injury:	09/03/2002
Decision Date:	02/27/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/08/2013

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 28 year old male who has had extensive psychiatric treatment. As of 9-12-11 his psychiatric diagnoses were Major Depressive Disorder Moderate to Severe, with Anxiety, chronic, and a pain disorder associated with both psychological factors and a general medical condition on Axis I, and dependent personality disorder on Axis II. He suffered a severe orthopedic injury at work 9-3-2002. He had a poor surgical outcome. He has had chronic pain and psychiatric symptoms as a result of the injury. At issue is the medical necessity of 3 psychopharmacology sessions, 12 group psychotherapy sessions and 60 CBT sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) psychopharmacologic management sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient has been treated with Risperdal, Ativan and Neurontin. 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. Three (3) psychopharmacologic management sessions are medically necessary.

Twelve (12) group therapy 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records provided for review on indicate that the patient's mood is improving as a result of ongoing psychotherapy. However, this patient has no history of PTSD and the guidelines limit sessions to a total of ten. As such, 12 sessions are not medically necessary.

Sixty (60) cognitive behavioral therapy 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient has a long psychiatric history and often responds well to treatment including psychotherapy and groups. The note provided of 4-5-13 indicates that the patient's mood is improving as a result of ongoing psychotherapy. However, this patient has no history of PTSD and the guidelines limit sessions to a total of ten. As such, 60 Cognitive Behavioral Therapy sessions are not medically necessary.