

Case Number:	CM13-0062619		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2013
Decision Date:	03/27/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/06/2013

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:

The injured worker is a 53 y/o female with date of injury of 03/01/2013. Date of UR decision 11/07/2013. Documentation reveals that the injured worker had emotional distress due to harassment. The exact mechanism of injury is unknown. The Primary Treating Physician Progress Notes state diagnosis of Major Depressive Disorder and ADD. Progress report from 4/4/2013 states that Lexapro helped with anxiety and that the injured worker has trouble sleeping. The injured worker was followed every 2 weeks by the Psychiatrist for medication management. Psychotropic treatment has included abilify, wellbutrin XL, Lexapro, Adderall, Inderal, Xanax. She also received several sessions of individual psychotherapy with no documented evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

The retrospective request for psych treatments times 15: 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), Psychotherapy Guidelines, Chapter on Mental Illness and Stress, Online Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral and Psychological Treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) The injured worker has received 15 psych treatment sessions. Per guidelines above, the initial trial consists of 3-4 visits over 2 weeks and then continuing up to max of 6-10 based on evidence of "objective functional improvement" Thus the retrospective request for 15 psych treatments is not medically necessary.