MAXIMUS Federal Services

Case Number:	CM13-0064441		
Date Assigned:	01/03/2014	Date of Injury:	05/02/1999
Decision Date:	07/18/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 47 year old male whose date of injury is 05/02/1999 due to cumulative trauma to the back and right shoulder. He is status post lumbar fusion on 06/17/09. The injured worker is noted to have attended 15 individual psychotherapy/medication management sessions from 02/19/13 through 10/23/13. Per report dated 10/23/13, the injured worker has subjective complaints of depression; anxiety; irritability; hopelessness. Objective findings were noted as depression and psychomotor slowing. There is a diagnosis of dysthymic disorder and panic disorder. Medications were listed as Wellbutrin and Buspar. The records reflect that the injured worker has been approved for shoulder surgery, but no surgery date has been scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biweekly psychotherapy X 20 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low-Level Laser Therapy (LLLT.

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, PSYCHOLOGICAL TREATMENT.

Decision rationale: The records reflect that the injured worker has had 15 sessions of individual psychotherapy/medication management to date with no significant improvement noted. The request for 20 additional individual psychotherapy visits exceeds guidelines with no documentation of objective functional improvement is not supported. Therefore, the request for biweekly psychotherapy x 20 visits is not medically necessary.

Medication management 1 visit every 6 weeks for 7 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, PSYCHOLOGICAL TREATMENT.

Decision rationale: The only medications documented are Wellbutrin and Buspar. These medications do not require monthly office visits for monitoring. Therefore, the request for medication management 1 visit every 6 weeks for 7 visits is not medically necessary.