

Case Number:	CM13-0065422		
Date Assigned:	03/26/2014	Date of Injury:	04/17/2013
Decision Date:	08/22/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 patient is a 53-year-old female who has submitted a claim for chronic posttraumatic stress disorder; unspecified depressive disorder; somatic symptom disorder with predominant, persistent, and moderate pain; and psychological factors affective medical condition associated with an industrial injury date of April 17, 2013. Medical records from 2011-2013 were reviewed. The patient complained of depression, anxiety, flashbacks, and intrusive recollections associated with chronic pain, assaults, threats and verbal abuse. She denies suicidal ideation, but stated that she believes that she would be better if she did not awaken in the mornings. She has lost much of her former sense of invulnerability, and was much more aware of the potential for danger in the environment. She was easily angered, irritable, socially withdrawn, and lacking self-confidence and self-esteem. She was tearful about three times a week. Libido was diminished. She has difficulty with concentration, remembering, focusing her attention, and making decisions. Her coping resources were depleted, and she has difficulty handling routine stresses and transitions. She was hypervigilant and her experiences have exaggerated her startle response. Physical examination showed patient to be adequately groomed, neatly dressed, and cooperative and attentive. Mood was predominantly depressed, with evidence of underlying anxiety. She has difficulty responding directly to questions posed at times. There was evidence of memory deficits. Insight, judgment, reality assessment, and cognitive function were intact. Imaging studies were not available. Treatment to date has included medications, psychotherapy, activity modification, and left knee surgery. Utilization review, dated November 12, 2013, denied the requests for sessions of psychotherapy and sessions of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

SESSIONS OF PSYCHOTHERAPY, FREQUENCY: WEEKLY, DURATION TEN WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavior interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. In this case, the patient was diagnosed with chronic posttraumatic stress disorder, unspecified depressive disorder, and somatic symptom disorder with predominant, persistent, and moderate pain. The patient suffers from depression, anxiety, flashbacks, and intrusive recollections. The patient had individual psychotherapy sessions in the past which were stated to be more beneficial than the psychotropic medications. It was not known as to how many sessions of psychotherapy were done by the patient. Furthermore, the present request would exceed the recommended number of weeks and has also failed to specify the number of sessions per week. Therefore, the request is not medically necessary.

SESSIONS OF MEDICATION- FREQUENCY: MONTHLY, DURATION THREE MONTHS: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of clinical office visit is based on what medications the patient is taking, since some medicines such as opiates, among others, require close monitoring. In this case, the patient was diagnosed with chronic posttraumatic stress disorder, unspecified depressive disorder, and somatic symptom disorder with predominant, persistent, and moderate pain. Rationale for the present request was not provided. A medication management may be appropriate and necessary in order to establish and monitor the patient's medication regimen. However, current medications

were not specified on the medical records submitted for review. Furthermore, the number of office visits is contingent to the patient's response. The benefits and improvement that the patient will derive from the requested number of sessions is not certain at this time. Therefore, the request for SESSIONS OF MEDICATION- FREQUENCY: MONTHLY, DURATION THREE MONTHS is not medically necessary.