

Case Number:	CM14-0000784		
Date Assigned:	01/08/2014	Date of Injury:	06/24/2008
Decision Date:	04/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert 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 55 year-old male [REDACTED] with a date of injury of 6/24/08. According to medical reports, the claimant sustained injury to his low back and neck while attempting to pick up boxes weighing 50-60 pounds while working for [REDACTED]. In his 11/5/13 "Workers Compensation Follow-Up Report", [REDACTED] offered the following impressions: Disc degeneration lumbar spine, facet arthropathy, and status post blocks in the past that helped significantly. It is reported that the claimant also sustained injury to his psyche secondary to his work-related physical injury. In his "Initial Treating Physician's Evaluation and Request for Authorization to Treat" dated 12/2/13, [REDACTED] diagnosed the claimant with: (1) Depressive disorder NO; (2) Rule out cognitive disorder NOS versus Cognitive difficulty secondary to opiates plus benzodiazepines plus muscle relaxer; (3) Opiate and benzodiazepine dependence; and (4) Insomnia. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy x 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pgs. 19-23 and Official.

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: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. According to ██████████ 12/2/13 "Initial Treating Physician's Evaluation and Request for Authorization to Treat", the claimant reported having never had individual psychotherapy, only group therapy while under the psychiatric care of ██████████. Given this information, this request for psychotherapy can be viewed as an initial request for individual sessions. The ODG recommends that for the treatment of depression, 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)" may be provided. Based on this guideline, the request for 12 sessions exceeds the recommended trial of 6 visits. As a result, the request for "individual psychotherapy X12 sessions" is not medically necessary. It is suggested that future requests correspond to the cited guidelines. It is noted that the claimant did receive a modified authorization of 4 psychotherapy sessions from this request. It is suggested that future requests correspond to the cited guidelines. It is noted that the claimant did receive a modified authorization of 4 psychotherapy sessions from this request.

Medication Management Therapy x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23, Postsurgical Treatment 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: The CA MTUS does not address psychiatric visits therefore, the Official Disability Guidelines regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant received psychiatric services from ██████████ on a quarterly basis for approximately 5 years. He is currently on medications that need consistent monitoring. Based on ██████████ 12/2/13 "Initial Treating Physician's Evaluation and Request for Authorization to Treat", the claimant will benefit from the tapering and eventual discontinuation of some of his medications. This will require ongoing monitoring and management. As a result, the request for "medication management therapy X4" is medically necessary. It is noted that the claimant did receive an authorization for 4 medical management sessions from this request.