MAXIMUS Federal Services

Case Number:	CM14-0002490		
Date Assigned:	01/24/2014	Date of Injury:	05/02/2011
Decision Date:	07/17/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/07/2014

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 Neurology, and Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 266 pages of medical and administrative records. The injured worker is a 37-year-old female who sustained an industrial injury on 05/02/2011. She had allegedly been experiencing sexual harassment and intimidation by some male supervisors after a promotion. She also suffered from work-related continuous trauma between 2000-05/02/11. Her diagnosis is major depressive disorder, single episode, in partial remission. The patient developed anger, severe anxiety, depression, crying episodes, and problems with sleep including nightmares. The patient began weekly cognitive behavioral therapy around November 2011. She returned to work in July 2012, describing improvement in her psychiatric condition. A progress report (PR-2) of 09/01/13 indicates that the patient was on Lexapro and Lunesta, which she finds beneficial. The patient was better able to control her anger, and sleep was improved to six to seven (6-7) hours on average. A PR-2 of 9/30/13, notes that the patient had anxiety and fear manifested by withdrawal, panic attacks, pain, and inability to work. She had been receiving psychotherapy and psychiatric medication management, which were beneficial, for the two (2) years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

WEEKLY PSYCHOTHERAPY TREATMENT; ONE (1) SESSION PER WEEK FOR TWENTY (20) WEEKS: 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 Chapter, Cognitive therapy for depression; ODG Psychotherapy Guidelines.

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

Decision rationale: The patient has been on Lexapro and Lunesta since approximately 2011. She reported that she finds these medications beneficial in controlling her anger, and help improve her sleep and overall psychiatric condition; however, no mention is made of whether or not she has experienced any adverse events. The Official Disability Guidelines indicate that office visits are critical in monitoring the risk: benefit ratio of any medication as well as the progress or lack thereof that the patient is making. As the patient becomes stablilized, the frequency for said visits decreases. The guidelines also indicate that office visits are recommended, and determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking. The determination of necessity for an office visit requires individualized case review and assessment. In this case, however, there are no current records provided to establish the patient's condition at this time, therefore the necessary frequency of office visits cannot be established. This request is therefore not medically necessary.