

Case Number:	CM14-0006502		
Date Assigned:	03/03/2014	Date of Injury:	09/24/2009
Decision Date:	06/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 59-year-old with date of injury of September 24, 2009. Date of UR decision was December 24, 2013. IW had work related injury which caused chronic pain and eventually psychological symptoms related to the same. PR from July 26, 2013 suggests that IW is less depressed and less anxious on the psychotropic meds and wants to reduce dose of zoloft. Diagnoses given to IW are Anxiety ds, Depressive ds NOS and Primary Insomnia. Medications being prescribed are zoloft, ativan and ambien. PR from October 4, 2013 lists that zoloft dose was increased as he gets irritated at times. AME examination from October 31, 2013 Lists BDI score of 34, BAI score of 20, Epworth sleepiness scale score of 6. Diagnosis by the AME evaluator is Major Depression, moderate. Report from December 4, 2013 indicates subjective complaints of depression due to inability to utilize skills of his profession s/p industrial injury. Objective findings include depression, anxiety and sleep deprivation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM (AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE) 2ND EDITION, CHAPTER-15 STRESS RELATED CONDITIONS,

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines 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 four weeks if lack of progress from physical medicine alone: -Initial trial of three to four psychotherapy visits over two weeks -With evidence of objective functional improvement, total of up to six to ten visits over five to six weeks (individual sessions) Upon review of the submitted documentation and based on the guidelines as states above the request for twelve psychotherapy sessions excessive and thus the medical necessity cannot be established at this time. The request for twelve psychotherapy sessions is not medically necessary or appropriate.

SIX (6) PSYCHIATRIC MEDICATION MANAGEMENT VISITS, ONCE A MONTH FOR 6 MONTHS: 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 Section

Decision rationale: The ODG states "Office visits: Recommended as 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, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The request does not list the rationale regarding once a month medication therapy for 6 months. The request for six psychiatric medication management visits, once a month for six months, is not medically necessary or appropriate.

