

Case Number:	CM14-0007182		
Date Assigned:	02/07/2014	Date of Injury:	11/16/2011
Decision Date:	07/03/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/20/2014

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:

This case involves a 51-year-old female with date of injury 11/16/2011. The date of the utilization review (UR) decision was 01/09/2014. The injured worker sustained an injury to her right upper extremity when she tripped and fell in the parking lot. She started experiencing right wrist pain and right elbow pain due to the industrial injury. The Psychiatrist progress report from 12/15/2013 states that her psychiatric condition remains stable but guarded. The subjective complaints are "depression, anxiety, tearfulness, chronic pain, weight gain, emotional outbursts, sleep disturbance, nightmares, impaired memory and concentration, suicidal ideation, rumination". A Diagnosis of Major Depressive disorder, recurrent, severe with out psychotic features was given. The progress report suggests that "Cognitive behavioral therapy is being implemented to teach her how to make better choices and how to improve her life" . The psychotropic medications being prescribed are Venlafaxine, Trazodone and Propranolol. The submitted documentation suggests that the injured worker has had six (6) sessions of Cognitive Behavioral Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY ONCE A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS; PSYCHOLOGICAL EVALUATIONS Page(s): 23, 100-102. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), STRESS AND MENTAL ILLNESS, COGNITIVE THERAPY FOR DEPRESSION.

Decision rationale: The Chronic Pain Guidelines indicate 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. The Official Disability Guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines also indicate that the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. The treater should consider separate psychotherapy cognitive behavioral therapy (CBT) referral after four (4) weeks if there is lack of progress from physical medicine alone: an initial trial of three to four (3-4) psychotherapy visits over two (2) weeks; and with evidence of objective functional improvement, total of up to six to ten (6-10) visits over five to six (5-6) weeks (individual sessions). The Official Disability Guidelines also recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Upon review of the submitted documentation, it is gathered that the injured worker has had at least six (6) psychotherapy sessions which focused on the CBT approach and there has been no mention of "objective functional improvement". The medical necessity for Psychotherapy once a week for six (6) weeks cannot be established at this time as there is no evidence regarding if progress is being made with the psychotherapy.

MEDICATION MANAGEMENT QUARTERLY WITH A PSYCHIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation STRESS RELATED CONDITIONS, ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION (2008 REVISION), PAGE 1068, 1062-1067.

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, OFFICE VISITS, STRESS RELATED CONDITIONS.

Decision rationale: The Official Disability Guidelines indicate "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. " It appears from the submitted documentation that the injured worker is being prescribed Venlafaxine, Trazodone and Propranolol. There is no information regarding how long the injured worker has been on the medications, or the progress being made with the medications. The medical necessity of the quarterly visits with a Psychiatrist cannot be established at this time, based on no information regarding the progress being made, the length of time the injured worker has been on the medications, or goals of treatment.