

Case Number:	CM14-0008638		
Date Assigned:	02/12/2014	Date of Injury:	11/17/2007
Decision Date:	06/25/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/22/2014

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 57-year-old male who has submitted a claim for amputation of finger associated with an industrial injury date of November 17, 2007. The patient was being treated for amputative injury to the right ring finger. He had consulted with a psychiatrist on August 2012 for psychosocial complaints and was given Lorazepam; however, he was noncompliant to it. He was also referred to another physician who provided him with individual psychotherapy sessions which were beneficial. A psychological evaluation was again done on December 25, 2013. The patient was diagnosed with unspecified depressive disorder, single episode, moderate; somatic symptom disorder with predominant pain, persistent, moderate to severe; and psychosocial factors affecting medical condition (depression and anxiety aggravating hypertension and weight gain). He has been previously certified with 4 cognitive behavioral psychotherapy sessions on July 31, 2013. Current treatment plan includes requests for psychotherapy and medication management. The treatment to date has included oral and topical analgesics, antidepressants/anxiolytics, and psychotherapy. The utilization review from December 20, 2013 denied the request for 10 sessions of psychotherapy on a weekly basis because it was unclear how much (if any) psychotherapy the applicant has had to date. The request for 6 sessions of medication management on monthly basis was modified to 2 sessions of medication management per the guideline stated parameters, as treatment beyond this will be contingent on the patient's response to treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS OF PSYCHOTHERAPY ON A WEEKLY BASIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 23.

Decision rationale: Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. An initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient was diagnosed with unspecified depressive disorder, single episode, moderate; somatic symptom disorder with predominant pain, persistent, moderate to severe; and psychosocial factors affecting medical condition (depression and anxiety aggravating hypertension and weight gain). She had undergone an unspecified number of psychotherapy sessions in 2013. However, there was no objective evidence of overall functional gains from the treatment. The guideline recommends an initial 3-4 trial visits with evidence of improvement prior to additional treatment. The guideline criterion was not met. Therefore, the request for 10 sessions of psychotherapy on a weekly basis is not medically necessary.

6 SESSIONS OF MEDICATION MANAGEMENT ON A MONTHLY BASIS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: As stated on page 405 of the ACOEM Stress-related Conditions Guidelines referenced by CA MTUS, frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. ODG Pain chapter states that 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 unspecified depressive disorder, single episode, moderate; somatic symptom disorder with predominant pain, persistent, moderate to severe; and psychosocial factors affecting medical condition (depression and anxiety aggravating hypertension and weight gain). A medication management is appropriate and necessary in order to establish and monitor the patient's medication regimen. However, the number of office visit is contingent to the patient's response. The benefits and improvement that the patient will derive from the requested number of sessions is not uncertain at this time. Therefore, the request for 6 sessions of medication management on a monthly basis is not medically necessary.

