

Case Number:	CM14-0009030		
Date Assigned:	02/12/2014	Date of Injury:	12/30/2000
Decision Date:	06/24/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/21/2014

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 54-year-old female with a 12/30/00 date of injury. The injury was from exposure to sulfur dioxide and other chemicals, developing significant problems with breathing and blood pressure. As a result, the patient developed psychological complaints including crying spells, weight gain, morbid thoughts, feelings of helplessness, and hopelessness; and difficulty sleeping. The patient has undergone psychiatric treatment within the last year and cognitive behavioral therapy was requested. The medical records were reviewed and diagnostic impression was Axis I Depressive disorder, not otherwise specified; major depressive disorder, recurrent, posttraumatic stress disorder; Axis II: compulsive personality traits; Axis III: bronchial asthma, essential hypertension; Axis IV: psychosocial stressors, moderate to severe; problems with living situation; primary support system; financial problems; multiple medical problems; and Global Assessment of Functioning (GAF) was 50. The most recent note from 1/6/14 described a recommendation to continue Wellbutrin, Celexa, trazodone, and Ativan. Cognitive behavior therapy and medication management were requested. The prior treatment has included psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY - TWELVE (12) VISITS, ONCE A WEEK FOR TWELVE (12) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: The CA MTUS supports an initial trial of 4 psychotherapy visits to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In this case, there had been a prior determination modifying the request for cognitive behavioral therapy to an initial trial of 4 sessions. The number of requested sessions is greater than guideline recommendations for an initial trial. The medical necessity for the requested cognitive therapy is not established, as the MTUS guideline criteria are not met. The recommend is non-certification.

MEDICATION MANAGEMENT - TWELVE (12) VISITS, ONCE A MONTH FOR TWELVE (12) MONTHS: 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 & Stress Chapter.

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

Decision rationale: An entire year of medication management is not medically necessary. The Disability Guidelines (ODG) states that 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, to monitor the patient's progress, and make any necessary modifications to the treatment plan. Although medication management is generally accepted for patients being prescribed multiple medications, an entire year of medication management is not found medically necessary. . There needs to be interval re-evaluation with formulation of specific treatment plans for ongoing medication management visits. The recommend is non-certification.