

Case Number:	CM14-0014151		
Date Assigned:	02/26/2014	Date of Injury:	11/09/2004
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/04/2014

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 claimant is a 61 year old female with date of injury 11/09/2004. Date of UR decision was 1/22/2014. Report from 07/4/2013 states that patient suffered from a profound psychologic/psychiatric disturbance after her history of mutiple orthopedic trauma with chronic ain syndrome. She had been disgnosed with fibromyalgia. The patient was hospitalized due to profound anemia and it was noted that she became very isolated with a dramatic decline in her quality of life. Medications at that time included Cymbalta and Ativan. Psychiatric risk factors have included hx of suicide attempts, severe depression, severe anxiety and social isolation Report from 8/3/2013 suggests that the patient was in subacute care from 07/02/2012-08/03/2013. She was re-examined on 9/17/2013 and was on Ambien, Ativan, Lyrica, and Cymbalta. Per report from 08/28/2013 she was receiving home health 6 hrs a day 7 days a week. She has been diagnosed with Major Depressive disorder, severe, with suicidal ideation but no immediate plan, Generalized Anxiety Disorder, with agoraphobia and panic attacks and mental DS due to genreal medical condition. Per the report from 10/11/2013 states that she is still agoraphobic, does not allow anyone else in her house other than home health workers. Report from 11/23/2013 indicates that she is being provided with outpatient psychotherapy via phone sessions as she is unable to ambulate. Report dated 10/29/2013 suuggests that the employee is receiving percutaneous nerve stimulation treatment for chronic pain, depression, CPRS and fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 SESSIONS WEEKLY OUTPATIENT PSYCHE THERAPY VIA PHONE THROUGH 3/31/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illness chapter, <Cognitive therapy for depression

Decision rationale: The Official Disability Guidelines (ODG) Psychotherapy Guidelines 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." Based on the medical records and OGD guidelines the patient has met the criteria for the above mentioned request. Therefore, the request for outpatient psyche therapy via phone, 10 sessions weekly is medically necessary and appropriate.