

Case Number:	CM14-0017269		
Date Assigned:	04/14/2014	Date of Injury:	05/08/2007
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 48-year-old female who reported an injury on 05/08/2007. The mechanism of injury was a repetitive motion trauma. The documentation of 12/05/2013 revealed the injured worker was appropriate and related better on medications. The injured worker indicated medications gave her better control of irritability and psychomotor agitation. The injured worker denied thoughts about hurting herself or others, or perceptual disturbances. The action plan included medications and a re-evaluation. The injured worker's diagnoses included depressive psychosis, moderate. The submitted request was for individual psychology sessions 1 time a month for 12 months and medication management two times a month for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOLOGY SESSIONS, 1 TIME A MONTH FOR 12 MONTHS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 7.

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 & STRESS CHAPTER, COGNITIVE BEHAVIORAL THERAPY FOR DEPRESSION.

Decision rationale: The Official Disability Guidelines recommend cognitive behavioral therapy for depression. It is recommended for up to 13 to 20 visits if progress is being made. In cases of severe major depression or PTSD up to 50 sessions are appropriate if progress is being made. The clinical documentation submitted for review failed to provide documentation of the injured worker's prior examinations with the documentation of the diagnosis to be treated. There was lack of documentation of the quantity of sessions that had previously been utilized and the objective functional benefit that was received from the previous psychotherapy visits. There was a lack of documentation indicating a necessity for 12 sessions without re-evaluation. Given the above, the request for individual psychology sessions 1 time a month for 12 months is not medically necessary.

MEDICATION MANAGEMENT, 2 TIMES A MONTH FOR 12 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, 7, PAGE 127.

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 & STRESS CHAPTER, OFFICE VISITS.

Decision rationale: The Official Disability Guidelines recommend office visits based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment and that some medications require close monitoring. The clinical documentation submitted for review indicated the injured worker was utilizing Neurontin, Effexor, Risperdal, and Trazodone. There was a lack of documentation indicating that there was a necessity for 2 times a month for 12 months without re-evaluation. Given the above, the request for medication management 2 times a month for 12 months is not medically necessary.