MAXIMUS Federal Services

Case Number:	CM14-0118333		
Date Assigned:	08/06/2014	Date of Injury:	03/01/2005
Decision Date:	09/10/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 licensed in Psychology 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 48 year-old male (**********) with a date of injury of 3/1/05. The claimant sustained multiple injuries when he fell backwards from a 6 ft. ladder, striking his head on a metal pipe and landing on the concrete on his buttocks. He lost consciousness during the incident. The claimant sustained this injury while working as a painter for ********** **********. He has been treated over the years with medications, physical therapy, chiropractic, heat, and epidurals. It is also reported that the claimant developed psychiatric symptoms as a result of his industrial injury. In a PR-2 report dated 4/30/14, ********** diagnosed the claimant with: (1) PTSD; (2) Insomnia type sleep disorder due to pain; and (3) Male hypoactive sexal desire disorder due to pain. Additionally, in a PR-2 report dated two days later on 5/1/14, ********** diagnosed the claimant with: (1) Major depressive disorder, single episode, severe instead of PTSD. The claimant has treated his psychiatric symtpoms over the years with both psychotherapy and psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Individual psychotherapy sessions: Upheld

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

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 and Stress Chapter, Maintenance phase page 19.

Decision rationale: The CA MTUS does not address the treatment of PTSD or depression therefore, the Offiical Disability Guideline regarding the treatment of PTSD and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [redacted] in March 2007 and followed-up with [redacted] for individual psychotherapy. He was treated for depression and anxiety. The exact number of completed sessions is not known. The claimant did not particiapte in any psychological services for a couple of years and was evaluated again in July 2010 by [redacted]. He followed-up with individual psychotherapy with [redacted] and received medication management services from [redacted]. It is unclear from the records as to how many psychotherapy sessions were completed with [redacted]. It appears that the claimant treated with her for about one year. He then treated with [redacted] from about September 2011 through January 2012. At that time, the claimant discontinued psychological services for over one year and resumed psychotherapy with [redacted] in May 2013. He continues to treat with [redacted] to the present. Given this information, the claimant has received several years of psychotherapy for this industrial injury. Although the claimant has reached MMI and is in the maintenance phase of treatment, the request for an additional 20 sessions appears excessive in light of his previous services. The APA Practice Guideline indicates that "for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely." However, "If a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered, with a reduced frequency of sessions." As a result, the request for "20 Individual psychotherapy sessions" is nto medically necessary.

Alprazolam Unspecified mg and QTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The ODG guideline regarding the use of benzodiazepines will be used as reference for this case. The guideline does not recommend the use of benzodiazepines for long-term use. It indicats that "most guidelines limit use to 4 weeks...Chronic benzodiazepines are the treatment of choice in very few conditions." Additionally, the request remains too vague as it does not specify the dosage and quantity. As a result, the request for "Alprazolam Unspecified mg and QTY" is not medically necessary. It is notd that the claimant did receive a modified authorization for 0.5 mg #45 in response to this request.