

Case Number:	CM14-0182802		
Date Assigned:	11/07/2014	Date of Injury:	03/05/2006
Decision Date:	12/16/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, bilateral knee pain, low back pain, and neck pain reportedly associated with an industrial injury of March 5, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; transfer of care to and from various providers in various specialties; opioid therapy; and apparent imposition with a cane. In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for individual psychotherapy once monthly, citing a variety of MTUS and non-MTUS Guidelines, including Blue Cross Guidelines, 2008 ACOEM Guidelines, and the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a May 19, 2014 progress note, the applicant was given refill of Norco, tramadol, and Soma. In a psychological consultation dated September 12, 2014, the applicant reported ongoing issues with depression, anxiety, and suicidal ideations. The applicant was using Effexor, Cymbalta, tramadol, Lotrel, Soma, glyburide, metformin, Pravachol, Lyrica, and vitamins. The applicant stated she has lost 50 pounds over the preceding six months. The applicant was 7 years old. The applicant stated that she has had suicidal thoughts but denied any active intention to act on such thoughts. The applicant was given diagnosis of major depressive disorder (MDD) with associated global assessment of functioning (GAF) of 50. Medication management therapy at a rate of once monthly, individual therapy at a rate of once monthly and group therapy at a rate of twice monthly was sought. The request was made in an open ended manner. It was not stated for how many months the individual therapy in question was being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual therapy 1x per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be determined by the severity of an applicant's mental health symptoms. If, for instance, the applicant were to respond favorably to psychotropic medications, then the frequency of individual psychotherapy could be correspondingly reduced. Conversely, if the applicant were to decompensate from a mental health standpoint, the applicant would likely require treatment more frequently than once monthly. The request, thus, as written, represents an open ended request for psychotherapy with no proviso made to modify the frequency of follow-up visits based on the severity of symptoms, as suggested by ACOEM. Therefore, the request is not medically necessary.