

Case Number:	CM14-0021643		
Date Assigned:	05/07/2014	Date of Injury:	06/02/2004
Decision Date:	07/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/20/2014

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:

67 y/o male with date of injury 6/2/2004. Date of UR decision was 2/12/2014. Mechanism of injury is prolonged harassment by lead worker, industrial knee injury. He was diagnosed with Major Depressive ds, Adjustment ds, Sleep ds. The IW has been receiving Psychological treatment since 2010. He has received psychotherapy for over 3 years per the submitted documentation. Per report from 2/14/2014, IW had industrial Major Depressive ds due to continued hostile environment. Work harassment along with mood symptoms related to chronic pain from the industrial knee injury. The IW has been treated with medications such as trazodone, klonopin, remeron over the course of time and has received unknown number of psychotherapy sessions over the years. Report from 11/15/2013, indicates that IW is visibly depressed, anxious mood, labile affect and constantly anhedonic. Subjective findings listed are persistent severe depression/anxiety, frequent panic attacks, difficulty making decisions, frequent forgetfulness.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY PSYCHOTHERAPY SESSION QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 105-127.

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: 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." Psychiatric progress report from 01/07/2014 indicates that IW has been participating in clinical behavioral therapy. It is unclear as to how many behavioral therapy sessions the IW has received so far, any evidence of functional improvement. Additional information is necessary to affirm medical necessity. The IW has been receiving Psychological treatment since late 2009/early 2010. He has been receiving psychotherapy sessions. It is unclear as to how many sessions he has received, any evidence of progress made with the psychotherapy or not. ODG recommends up to 50 sessions in case of severe depression. Additional information regarding the number of sessions received so far, any evidence of improvement with the same is needed before decision for medical necessity can be made.

MEDICATION FOLLOW UP QTY: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 105-127.

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, Office visits, Stress related conditions.

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. 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, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Report from 11/15/2013, indicates that IW is visibly depressed, anxious mood, labile affect and constantly anhedonic. Subjective findings listed are persistent severe depression/anxiety, frequent panic attacks, difficulty making decisions, frequent forgetfulness. The continued symptoms of severe depression, anxiety warrant the need for medication management visits. The medical necessity of 2 medication follow ups is affirmed. Will respectfully disagree with UR doc's decision.

