

Case Number:	CM14-0022258		
Date Assigned:	05/09/2014	Date of Injury:	01/22/2010
Decision Date:	08/08/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/21/2014

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 injured worker is a 55 year old male with cumulative injury from 11/4/2004-1/22/2010. Date of the UR decision was 2/6/2014. Report from 3/25/2014 suggested that he continued to experience pain in coccyx and back of left leg. It was suggested that his anxiety and depression were worse compared to the report from the last visit. He experienced nightmares, episodes of shortness of breath, low appetite, sexual difficulties secondary to pain, and experienced headaches 3-4 times per week. Diagnosis of Major Depressive Disorder, single episode, moderate was given to the injured worker. Psychological evaluation on 3/25/2014 indicated severe levels of depression and anxiety as evident from the Beck Depression and Anxiety Inventory scores of 48 and 52 respectively. The report dated 2/27/2014 indicated that his psychotropic regimen consists of Buspar 10 mg three times daily, Clonazepam 2 mg tab 1.5 tab nightly and Methylphenidate (unknown dose) three times daily. The injured worker has had some treatment with Psychotherapy in the past but no clear documentation of number of sessions so far or evidence of functional improvement is available.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 injured worker has had treatment with Psychotherapy in the past but no clear documentation of number of sessions so far or evidence of functional improvement is available. Based on the MTUS and ODG guidelines quoted above, the request for 20 sessions of Individual Psychotherapy is excessive and are not medically necessary.

6 SESSIONS OF PSYCHOTROPIC MEDICATION CONSULTATIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness, Office visits, Stress related conditions.

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: The report dated 2/27/2014 indicated that his psychotropic regimen consists of Buspar 10 mg three times daily, Clonazepam 2 mg tab 1.5 tab nightly and Methylphenidate (unknown dose) three times daily. The progress report from the treating Psychiatrist are not available. The injured worker has been continued on moderate-high doses of medications such as Clonazepam and Methylphenidate which have risk for abuse, tolerance, dependence etc which require monitoring. Will respectfully disagree with UR physician's decision. Therefore the request for 6 sessions of medication management are medically necessary.