

Case Number:	CM14-0022272		
Date Assigned:	05/09/2014	Date of Injury:	07/18/1996
Decision Date:	07/11/2014	UR Denial Date:	02/03/2014
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 75 year old female with date of injury 7/18/1996. Date of utilization review decision was 2/3/2014. Mechanism of injury was the change in the work routine when she was transferred from kindergarten to first grade. She had a psychotic episode with the change as she had worked with the prior staff for very long periods. A report from 1/2/14 suggests that the bipolar disorder is currently stabilized. Lexapro 20 mg tid, topamax 100 mg bid and cogentin 2 mg qhs is being continued. It appears that cogentin is being prescribed for its anticholinergic action as injured worker suffers from sphincter incontinence. The report indicates in the plan to continue monthly psychotherapy. It is unclear as to if the injured worker is currently receiving therapy. The injured worker's psychiatric diagnosis is Bipolar disorder NOS vs Major Depressive ds with Psychotic symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE OUTPATIENT MONTHLY PSYCHOTHERAPY SESSIONS PER MONTH FOR TWELVE MONTHS: 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, Cognitive Therapy For Depression.

Decision rationale: The ODG Psychotherapy Guidelines state that up to 13-20 visits over 7-20 weeks (individual sessions) are recommended when, 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 are recommended when progress is being made. The injured worker encountered the industrial injury in 1996. It is unclear as to how many psychotherapy sessions the injured worker has received so far. The documentation submitted for review does not show that any functional improvement has been obtained with prior psychotherapy. Therefore, the requested monthly psychotherapy sessions are not medically necessary at this time.

YEARLY DRUG COMPLIANCE TO INCLUDE: CMP, CBC, URINALYSIS, THYROGLOBULIN T3 AND T4, AND TSH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carbamazepine, NSAIDs, specific drug list & adverse effects Page(s): 21, 70.

Decision rationale: MTUS suggests yearly monitoring for certain medications such as Carbamazepine, NSAID's etc. Drug monitoring is warranted if drug dependence, diversion etc are suspected. In the above case the IW is not being prescribed medications that would require yearly blood work monitoring and there is no documentation regarding any abuse of any controlled substances. The medical necessity for the request for yearly compliance to include CBC, CMP, drug monitoring, T3,T4 and TSH cannot be affirmed at this time.