

Case Number:	CM14-0032230		
Date Assigned:	06/20/2014	Date of Injury:	09/13/2005
Decision Date:	08/11/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/13/2014

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:

Injured worker is a 64 year old female with date of injury 9/13/2005. Date of the UR decision was 2/11/2014. She tripped over a strip of plastic on the floor which resulted in injuries that led to her experiencing chronic pain. She has undergone physical therapy, acupuncture, epidural injections and treatment with pain medications. Report dated 12/17/2013 suggested that she continues to have depression, anxiety, sleep problems, decreased energy, decreased concentration and increased appetite. She was noted to have intense episodes of anxiety associated with heart racing and sweating about once a day. It was noted that she had undergone at least 10 sessions of group psychotherapy but there is no information regarding any evidence of functional improvement from it . She was diagnosed with Depressive ds NOS, Anxiety ds NOS and Pain disorder due to psychological factors and general medical condition. The psychotropic medications being prescribed for the injured worker are Lexapro, Ambien and Restoril. Psychological testing was done on 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment session one per month for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression.

Decision rationale: Upon review of the submitted documentation, it is gathered that the injured worker has had at least 10 group psychotherapy sessions but there has been no mention of objective functional improvement. The report dated 12/17/2013 indicated that she had undergone at least 10 sessions of group psychotherapy but there is no information regarding any evidence of functional improvement from it. The request for Psychiatric treatment session one per month for 12 months is excessive and above the guidelines cited above. This request is not medically necessary.

Psychiatric medication management one per month for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits.

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 ODG states Office visits are 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 injured worker's symptoms and treatment do not indicate the medical necessity of frequent i.e. monthly medication management follow ups for a period of one year. She has been continued on Ambien and Restoril which are not indicated for long term use. The request for psychiatric medication management one per month for 12 months is not medically necessary.

Limited psychological testing one per month for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress Psychological evaluations.

Decision rationale: The ODG states that Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are

preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Injured worker has been diagnosed with Depressive ds NOS, Anxiety ds NOS and Pain disorder due to psychological factors and general medical condition. The psychotropic medications being prescribed for the injured worker are Lexapro, Ambien and Restoril. The request for limited psychological testing one per month for 12 months is excessive and not medically necessary according to the guidelines.