

Case Number:	CM14-0034057		
Date Assigned:	06/20/2014	Date of Injury:	05/01/2010
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Service 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 Child and Adolescent 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/Service. 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 63 year old male who was injured on 5/1/2010. He fell face down on the ground while he was running after a special education student, and suffered injuries to his cervical spine, lumbar spine and shoulders. He subsequently experienced mental health symptoms of depressed mood, anxiety, insomnia, and low energy. He underwent psychiatric evaluations, and on 10/29/2012 was diagnosed with Depressive Disorder Not Otherwise Specified (NOS). He was prescribed the psychotropic medications Wellbutrin, Effexor XR, Ativan and Ambien at that time. On 9/18/2013, a psychiatric evaluation noted that he was described as improved, with less anxiety and less depression, with improved sleep and appetite. His energy level was low. His mood and affect were less tense and dysphoric. There was no suicidal or homicidal ideation. He was prescribed Prozac 10mg daily and Ativan 2mg daily for anxiety and for hoarding. He was diagnosed with Depression NOS and Obsessive Compulsive Disorder (OCD). On 5/12/14, he continued to have reduced anxiety and depression. He was prescribed Prozac 20mg daily and Ativan 2mg TID (three times a day). A psychologist provider has requested individual psychotherapy with possible psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: The injured worker is having symptoms of depression and anxiety secondary to the work related injury. He has been stabilized by the use of psychotropic medication by the treating psychiatrist. The ODG recommends an initial trial of 3 - 4 psychotherapy visits over a two week period. After reassessment by the treating psychologist, and with evidence of objective functional improvement, continuation of Cognitive Behavioral Therapy (CBT) for a total of up to 6 - 10 sessions over 5 - 6 weeks is supported. The initial review approved a partial certification for four initial sessions. However, based on the progress notes by the treating psychiatrist in 2013 and 2014, the most recent psychotropic medications have enabled significant clinical improvement. The injured worker is not experiencing any severe persisting symptoms, so that there is no compelling indication that psychotherapy sessions are medically necessary. Additionally, as the number of sessions requested is not specified by the treating psychologist, the denial must be upheld on that basis also.

Possible psychotropic medications.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1062-1067.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: The injured worker has been stabilized clinically on his current psychotropic medication. These medications are prescribed by a psychiatrist. The provider requesting the services is a psychologist. Psychologists are not authorized in the State of California to prescribe psychotropic medications. As the injured worker is already prescribed psychotropic medications by a treating psychiatrist, the request is redundant, and the denial must be upheld.