

Case Number:	CM14-0035231		
Date Assigned:	06/23/2014	Date of Injury:	05/14/2013
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/21/2014

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:

Female injured worker who suffered industrial injury on 5/14/13. Her diagnoses include major depressive disorder, recurrent, moderate (with interepisode recovery), with elements of posttraumatic stress disorder; psychological factors affecting medical condition (anxiety and depression aggravating gastrointestinal distress, cardiovascular symptoms, dermatological issues, headaches, fatigue, appetite disturbance); abdominal pain, palpitations, eczema, migraine headaches, fatigue, appetite loss, weight loss due to dieting. Initial consultation report dated 09/23/13 indicates that following an industrial injury, the claimant experienced recurrent bouts of anxiety and depression. Flashbacks to the industrial incident occur when the claimant is on the same floor as where the incident occurred. The claimant continues to have intrusive recollections of the event. The claimant notes that sleep is disturbed by anxiety and stress. The claimant's sleep is also disturbed by recurrent nightmares. The claimant is often angry and short-tempered, and is socially withdrawn. The claimant's self-confidence has diminished and the claimant feels a lack of control over the emotions and reaction to this traumatic event. On mental status examination, the claimant's mood was depressed and anxious. Affect was consistent with mood and appropriate to thought content. The claimant's emotional distress was most readily noted in the tearfulness during the evaluation. The claimant denied suicidal ideation. Thought content was focused primarily on the precipitous deterioration in the psychiatric and physical functioning following the work event. There was no evidence of psychotic thought processes, such as hallucinations, delusions, or ideas of reference. Social judgment appeared to be within normal limits. During the psychological testing, the claimant scored 32 on Beck Depression Inventory which reflects a moderate to severe level of depression and scored 28 on Beck Anxiety Inventory suggesting a severe level of anxiety. A response score of 5 on Epworth Sleepiness Scale suggests a normal degree of daytime sleepiness. The claimant's response score on Suicide Probability

Scale suggests a severe level of suicidality. The provider notes that the claimant would benefit from psychiatric treatment, including individual psychotherapy and psychotropic medication consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of psychotherapy on a weekly basis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Mental Illness & Stress Procedure Summary & American Psychiatric Association, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychotherapy for MDD (major depressive disorder).

Decision rationale: MTUS states "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence."ODG states: "Recommended. Cognitive behavioral psychotherapy is a standard treatment for mild presentations of MDD; a potential treatment option for moderate presentations of MDD, either in conjunction with antidepressant medication, or as a stand-alone treatment (if the patient has a preference for avoiding antidepressant medication); and a potential treatment option for severe presentations of MDD (with or without psychosis), in conjunction with medications or electroconvulsive therapy. Not recommended as a stand-alone treatment plan for severe presentations of MDD."Upon review of the submitted documentation, the injured worker's anxiety, depression, and post traumatic stress make her a candidate for psychotherapy. The request is medically necessary.

3 sessions of medication, (consultation/management) on a monthly basis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Mental Illness & Stress Procedure Summary & American Psychiatric Association, 2006.

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 & Stress, Office Visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible." Upon review of the submitted documentation, the injured worker's anxiety, depression, and post traumatic stress make her a candidate for psychotropic medication management. The request is medically necessary.