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| Case Number: | CM14-0035413 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 10/02/2009 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/24/2014 |
| 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:

The injured worker (IW) is a 62 year-old female with a date of injury of 10/02/2009. Date of UR decision was 2/24/2014. Report from 2/5/2014 indicates that iw has had industrial injuries which resulted in surgeries to right hip, left knee and left ankle. Pain level on that day ranged from 3 to 9. IW is being prescribed norco, flexaril and tramadol ER for chronic pain and is taking restoril 30 mg qhs prn for insomnia. Psychologist report from 2/3/2014 suggests that she has been followed by the same Psychologist since 05/2011 for group therapy and individual therapy. GAF score had been rated as 60 on that date. Report from 01/09/2014 suggests that IW has been feeling lethargic, no energy, overwhelmed, and complains of having pain to which it affects her sleep. AME report from 09/16/2013 suggests that she has been taking wellbutrin for Major depressive ds, severe without psychosis; anxiety ds due to general medical condition. IW had BDI score of 32 (severe depression); BAI score of 53 (severe depression).

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY WITH [REDACTED] (PSYCHOLOGY), 12 SESSIONS PRN OVER THE NEXT 2 YEARS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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), Stress and Mental Illness chapter, Cognitive therapy for depression.

Decision rationale: Upon review of the submitted documentation, it is gathered that the injured worker has had group as well as individual psychotherapy sessions since 05/2011 from the current provider. There is no information regarding the number of sessions that have been completed so far or any mention of objective functional improvement. The request for 12 more individual psychotherapy sessions over the next 2 years is not medically necessary at this time.

CONTINUED TREATMENT WITH [REDACTED] (PSYCHIATRY) FOR PSYCHOTROPIC MEDICATION MANAGEMENT (1X MONTH X 2 YEARS):
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), Evaluation and Management.

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 request for 1x montly Psychotropic medication management sessions for 2 years (24 sessions) is excessive and not deemed as medically necessary since there is no evident reason from the submitted documentation that would suggest need for such frequent follow ups for an extended period of time. The IW is not on any psychotropic medications that require such close montioring.