

Case Number:	CM14-0045134		
Date Assigned:	07/02/2014	Date of Injury:	03/22/2012
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 62-year-old female who reported an injury on 03/22/2012. The mechanism of injury was a fall. Her current diagnoses include major depressive disorder, insomnia, and sexual dysfunction. Her previous treatments included medication, crutches, chiropractic treatments, physical therapy, psychotherapy, orthotics, acupuncture, and injections. Per the clinical note dated 07/22/2013, the injured worker was in need of both individual psychotherapy and the monitoring and management of psychotropic medications. Per the most recent clinical note provided on 02/20/2014, the injured worker had complaints of low back pain. She reported that she had been attending acupuncture with noted improvement. She reported her pain to be a 6/10. The physician's treatment plan included followup as needed and for the injured worker to continue with home exercise program/structuring. The clinical documentation provided failed to provide the injured worker's current medications. The current request is for biweekly psychotherapy treatment, 20 sessions and monthly medication management, 1 session per month for 6 months. The rationale for the request was not provided. The Request for Authorization was provided on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-weekly psychotherapy treatment; 20 sessions: 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 health and stress chapter for cognitive therapy for depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Cognitive therapy for depression.

Decision rationale: The Official Disability Guidelines state that cognitive behavioral therapy for depression is recommended. The guidelines recommend 13 to 20 visits over 7 to 10 weeks of individual sessions if progress is being made. The provider should evaluate symptom improvements during the process, so treatment failures can be identified early and alternate treatment strategies can be pursued if appropriate. In cases of severe depression or posttraumatic stress disorder, up to 50 sessions may be recommended, if progress is being made. The clinical documentation provided did not discuss her mental status and issues she was having with depression. The clinical documentation provided indicated the patient had received prior psychotherapy sessions in 2013. However, there was no clinical documentation provided to indicate the number of sessions attended and if improvements were made during the process. There were no recent psychotherapy notes provided to indicate why the current biweekly psychotherapy treatments would be necessary. The guidelines also indicate that a 4 to 6 session trial should be significant to provide evidence of symptom improvement. Therefore, as the documentation provided indicated the injured worker had participated in previous psychotherapy sessions, documentation showing evidence of improvement is required to support the request. The request also exceeds the number of sessions recommended by the guidelines. As such, the request is not medically necessary.

Monthly medication management; one session per month for 6 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 health and stress chapter, 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 & Stress, Office visits.

Decision rationale: The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits to the office of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The clinical documentation provided failed to supply the injured worker's current medications and why monthly medication management would be required at this time. Therefore, due to the lack of documentation to indicate the injured worker's current medications, as well as the rationale indicating why the monthly appointments would be medically necessary, the request would not be supported. As such, the request is not medically necessary.

