

Case Number:	CM14-0066761		
Date Assigned:	07/11/2014	Date of Injury:	05/18/2004
Decision Date:	09/12/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/12/2014

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 licensed 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 patient is a 59-year-old male who has submitted a claim for chronic post traumatic stress disorder, pain disorder associated with both psychological factors and a general medical condition, and major depression, single episode, moderate to severe, with mood congruent psychotic features, chronic, in partial remission; associated with an industrial injury date of 06/18/2004. Medical records from 2012 to 2014 were reviewed and showed that patient reports having some good and some bad days. His pain is a large factor in his mood swings. He is compliant with medications and feels he is benefiting. He reports an increase in appetite, depression, periods of crying, sleep disturbance, and social withdrawal. He rates his pain as 7-8/10. Psychologic testing showed extreme depression (Beck depression inventory score: 45) and severe anxiety (Beck anxiety inventory score: 39) Physical examination showed that the patient was depressed and moderately dysphoric. Treatment to date has included medications, physical therapy, and psychotherapy. Utilization review, dated 05/09/2014, modified the request for medication management visits because there was sufficient documentation to warrant 3 prospective and 3 retrospective medication management visits; and modified the request for psychotherapy because the number of psychotherapy sessions has had was unclear, and to allow the provider time to document the number of completed sessions and to document a clear rationale for continued therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management Visits: 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) Pain section, Medications for Subacute and Chronic Pain.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, current medications include Effexor XR, Seroquel, Pamelor, Sentra, Remeron, Flexeril, and Nucynta. Providing medication is necessary, however, the present request as submitted failed to specify the drug, dosage, frequency of intake, and quantity to be dispensed. Therefore, the request for Medication Management Visits is not medically necessary.

Psychotherapy (2 times a month for 52 weeks) QTY: 24.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavior intervention Page(s): 23. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultation pages 127 and 156.

Decision rationale: CA MTUS ACOEM Independent Medical Examinations and Consultations states that occupational health practitioners may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. With regards to psychotherapy, CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the medical records submitted for review do not clearly indicate the number of psychotherapy sessions attended. Moreover, there is no objective evidence of functional evidence derived from previous psychotherapy. Lastly, the present request as submitted exceeds the recommended number and duration of psychotherapy sessions. Therefore, the request for Psychotherapy (2 times a month for 52 weeks) Qty: 24.00 is not medically necessary.

