

Case Number:	CM14-0068526		
Date Assigned:	07/14/2014	Date of Injury:	10/27/2011
Decision Date:	12/23/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/13/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

According to the records made available for review, the injured worker is a 64 year-old female with a date of injury of 10/27/2011. The result of the industrial injury was noted to be stress-related. Diagnoses include anxiety disorder and major depressive disorder. The injured worker is noted to have had surgical carpal tunnel release in 2011. Treatments have included medications and psychotherapy treatments. Medications have included Ibuprofen, Tramadol, hydrocodone/acetaminophen, Celexa, Wellbutrin, and trazodone. In a progress note, dated 01/31/2014, the treating physician reported the injured worker to have a depressed and anxious mood, anxious preoccupation with pain and physical impairment, and observable impairments of emotional control and concentration. Subjective findings were listed as depression, sleep disturbance, anxiety, loss of energy, diminished emotional control, impaired concentration and short-term memory, and diminished stress tolerance. Work status was listed as return to work with limitations of no greater than slight emotional stress and orthopedic restrictions as per the orthopedic physician. Request is being made for Medication Follow-Up x 2 and Cognitive Behavioral Therapy Psychotherapy x 12. On 04/23/2014, Utilization Review non-certified a prescription for Medication Follow-Up x 2 and Cognitive Behavioral Therapy Psychotherapy x 12. The Medication Follow-Up x 2 was non-certified based on the CA MTUS evidence-based guidelines regarding specialty consultations, as well as the MTUS Chronic Pain Medical Treatment Guidelines regarding medications. The Cognitive Behavioral Therapy Psychotherapy x 12 was non-certified based on MTUS, ACOEM, and ODG Psychotherapy Guidelines regarding stress related conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Follow up x 2: 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) Mental Illness and Stress, Summary of Medical Evidence

Decision rationale: The ODG recommend office visits as determined to be medically necessary. If the patient is on long term psychiatric medication, then ongoing visits for the purpose of medication management is certainly indicated. However, in this case the only clinical information available is almost a year old and 2 medication management sessions were authorized since that time. Specifically it is not apparent if ongoing medication management is indicated and if so at what frequency and for how long. Absent current information on the patient's treatment course, clinical status, medication regime and treatment plan, medical necessity for ongoing medication management cannot be established.

Cognitive Behavioral Therapy Psychotherapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>

Decision rationale: The ODG recommend up to 13-20 sessions if progress is being made. Review of the submitted materials indicates that at least 7 sessions have been authorized. As noted above there is no current information available on the patient's clinical course or current status. 12 additional sessions would make a total of 19 which is less than the recommended maximum. However since there is no indication as to whether or not progress is being made medical necessity for the requested 12 additional sessions cannot be established according to the above cited evidence based guideline.