

Case Number:	CM14-0072483		
Date Assigned:	07/16/2014	Date of Injury:	10/03/2005
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 Child and Adolescent 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 is a 45-year-old who suffered an industrial injury with date of injury October 3, 2005. She subsequently underwent right elbow and lumbar spine surgeries. Post-operatively, she also received physical therapy treatments. She complained of persisting pain, and then symptoms of anxiety and depression. As of the 2012 and August 22, 2013 psychiatry evaluations, the injured worker reported sad mood, feelings of hopelessness, anxiety, frustration, irritability, increased anger, insomnia, poor concentration, fatigue and social withdrawal. She was prescribed unspecified psychotropic medications and was followed on a regular basis by a treating psychiatrist. She also received outpatient psychotherapy, and in 2013 had 10 sessions. Treatment was interrupted briefly from February 2013 and resumed again in April 2013. On January 24, 2014, she was certified for 6 medication management sessions with a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy once weekly for twenty weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Disability Guidelines for Mental illness and stress regarding cognitive therapy for depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness and Stress, Psychotherapy.

Decision rationale: MTUS is not applicable. The Official Disability Guidelines (ODG) state that cognitive behavioral psychotherapy (CBT) is recommended for the treatment of depression, with an initial trial of six weekly sessions, which can be followed up by additional weekly sessions up to a recommended maximum of twenty sessions if there has been objective clinical evidence of improvement. The injured worker has been diagnosed with Major Depression, and has benefited from psychotherapy provided in 2012 and 2013. Based on the fact that she continues to have persisting severe depressive symptoms, it would be appropriate for an initial trial of six sessions, as recommended by the guideline, before consideration can be given for additional sessions up to the twenty session recommended maximum. The request for Individual psychotherapy once weekly for twenty weeks is not medically necessary or appropriate.

Psychotropic medication management once monthly for six total sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Disability Guidelines for Mental illness and stress regarding 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 Illness and Stress, Office visits.

Decision rationale: MTUS is not applicable. The Official Disability Guidelines (ODG) indicate that psychotropic medication management is an important component of treatment planning for the treatment of depression and anxiety. Each patient's condition and treatment plan must be individualized based on the specific context of emotional and behavioral symptoms present. The injured worker has documented symptoms of severe depression and anxiety. She has undergone psychotropic medication management in 2012 and 2013, based on the most recent psychiatric evaluation document dated August 22, 2013. There is no more recent psychiatric evaluation available. As of January 24, 2014, the injured worker was given certification for six monthly psychotropic medication sessions. In the absence of any recent psychiatric information regarding the injured worker's current mental status, response to treatment, treatment goals, and estimated duration of treatment, it is not possible to ascertain whether the injured worker is in need of an additional six psychotropic medication sessions. The request for Psychotropic medication management once monthly for six total is not medically necessary or appropriate.