

Case Number:	CM14-0094702		
Date Assigned:	07/25/2014	Date of Injury:	01/31/1997
Decision Date:	12/03/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/23/2014

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 Texas. 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 72 year old female with a date of injury on 1/31/1997. Since then, the injured worker has demonstrated frustration and rumination over her past nerve injury. She has been provided mental health treatment including psychotherapy. A provider has commented that she is too dependent on him and needs to be transferred to a different psychiatrist. The prescribed medications include Xanax and Ambien. The last treatment date is not clearly documented. However, it appears the injured worker has been seen monthly for many months or years. The treatment plan included monthly psychiatric visits. However, there is no documentation of progress, if any. There is also no treatment plan that projects the number of needed visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychiatric Session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 15 - 17.

Decision rationale: Per the Medical Treatment Utilization Schedule guidelines, injured workers with serious psychiatric disorders which would include major depression should undergo an initial assessment by a psychiatrist to ensure optimal treatment. The Medical Treatment Utilization Schedule does not establish a set number of psychiatric visits for medication management nor a recommended frequency. The last treatment date is not clearly documented however it appears the injured worker has been seen monthly for many months or years. The treatment plan included monthly psychiatric visits. However, there is no documentation of progress, if any. There is also no treatment plan that projects the number of needed visits. Based upon the provided clinical information and applying the Medical Treatment Utilization Schedule guidelines, the service under review is not medically necessary.