MAXIMUS Federal Services

Case Number:	CM14-0191965		
Date Assigned:	11/25/2014	Date of Injury:	09/27/2010
Decision Date:	01/15/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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:

Injured worker is a 64-year old female with date of injury 9/27/2010. Date of the UR decision was 11/5/2014. The medicine cabinet struck the patient's head, neck and right shoulder. Per report dated 10/27/2014, the injured worker complained of Depression 5-6/10 and anxiety 6-7/10. Injured worker had been prescribed Prozac 20 mg daily for mood and was taking Ambien occasionally for insomnia per the report. She was diagnosed with Pain Disorder, Major Depressive Disorder and Anxiety Disorder NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 times per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain)

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

Decision rationale: ODG Psychotherapy Guidelines recommend: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom

improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The submitted documentation suggests that the injured worker has been in psychotherapy treatment. It is unclear as to how many sessions have been completed so far. There is also no clear documentation regarding any evidence of functional improvement. Due to lack of documentation regarding the length and response to previous treatment and also because of lack of information regarding number of sessions being requested, the request for Psychotherapy 2 times per month, unspecified number of sessions is not medically necessary.

Psychiatric evaluation for medication: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. It has been documented that the injured worker is being prescribed Prozac 20mg and Ambien. It has been suggested that the injured worker has been in treatment with a Psychiatrist. As the injured worker is currently being prescribed psychotropic medications, the request for Psychiatric evaluation for medications is not medically necessary.