

Case Number:	CM15-0007877		
Date Assigned:	01/26/2015	Date of Injury:	07/01/2009
Decision Date:	03/17/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/14/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 53 year old female, who sustained an industrial injury on July 1, 2009. She has reported chronic pain and stiffness in both hands and fingers, with increasing emotional distress as a result of chronic pain and disability. The diagnoses have included unspecified depressive disorder with anxiety, psychological factors affecting another medical condition (depression and anxiety aggravating diabetes mellitus, headaches, shortness of breath, palpitations, constipation, and dizziness), and somatic disorder with predominant pain, persistent, moderate. Treatment to date has included right middle finger surgery, cortisone injection, psychotherapy, and medications. In the report dated July 31, 2014, the injured worker complains of anxiety and depression related to her chronic pain and its impact on her diabetes. The Initial Psychology Report, dated July 31, 2014, was the most recent medical evaluation submitted for review. The injured worker's psychiatric treatment was noted to support her efforts to maintain current employment as a licensed vocational nurse (LVN). The Treatment plan was noted to include psychotherapy on a weekly basis for approximately twenty sessions, and approximately six psychotropic medication consultations. On January 13, 2015, Utilization Review non-certified psychotherapy, twenty weekly sessions, and psychotropic medication, six monthly sessions. The UR Physician noted the most recent psychological evaluation was more than five months old, with the injured worker's current psychological status unknown, as there was no current evaluation submitted for review, and there was limited documentation of the injured worker's response to recent psychotherapy. The medical necessity of the psychotherapy twenty weekly sessions was not established and was recommended non-certified, citing the MTUS Chronic Pain

Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Mental Illness & Stress Procedure Summary, last updated November 19, 2014. The UR Physician noted there was no recent medical documentation submitted for review, and that the provider recommended medication management, however there was no evidence that the injured worker was currently taking psychological medications which required ongoing visits on a monthly basis. Without further information, including objective findings, current medications, and overall status, the request for psychotropic medication six monthly sessions did not have medical necessity established and was non-certified, citing the MTUS American College of Occupational and Environmental Medicine (ACOEM) Guidelines, Chapter 15, and the Official Disability Guidelines (ODG), Mental Illness & Stress Procedure Summary, last updated November 19, 2014. On January 14, 2015, the injured worker submitted an application for IMR for review of psychotherapy twenty weekly sessions, and psychotropic medication six monthly sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy twenty weekly sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Procedure, Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: The last Psychological evaluation available is dated 8/20/2014, which lists the diagnoses of Unspecified Depressive disorder and Anxiety, Psychological factors affecting another medical condition and Somatic symptom disorder, predominant pain, persistent, moderate. The submitted documentation suggests that the injured worker has undergone treatment with Psychotherapy, however there is no information regarding the number of sessions completed so far or any evidence of objective functional improvement. The request for additional Psychotherapy weekly sessions is not medically necessary based on the lack of information regarding details of the past treatment. Also, the guidelines recommend maximum of up to 6-10 visits over 5-6 weeks (individual sessions) in cases of behavioral problems related to chronic pain which exceeds the above stated request.

Psychotropic medication six monthly sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Stress & Mental illness: Office visits

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." The last Psychological evaluation available in the record is dated 8/20/2014, which lists the diagnoses of Unspecified Depressive disorder and Anxiety, Psychological factors affecting another medical condition and Somatic symptom disorder, predominant pain, persistent, moderate. There is no indication of which psychotropic medications are being prescribed. There is no clinical rationale for why 6 office visits would be indicated for the injured worker. The request is excessive and not medically necessary.