

Case Number:	CM15-0009603		
Date Assigned:	01/27/2015	Date of Injury:	01/02/2012
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/16/2015

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 62 year old male who sustained a work related injury January 2, 2012, involving psychological injuries secondary to work stress, including overwork and excessive pressure. Past history includes hypertension, hypercholesterolemia, tremor left hand possible Parkinson's, tinnitus and two vessel bypass surgery 2008. According to an initial psychological evaluation report dated December 17, 2014, finds the injured worker presenting for evaluation and reporting since the onset of work stress, his blood pressure began to fluctuate and he is experiencing skin outbreaks in the form of hives. Diagnosis is documented as depressive disorder, not otherwise specified, with anxiety. Recommendations included psychotropic medications and group therapy. According to utilization review dated January 2, 2015, the request for 8 Weekly Individual Cognitive-Behavior Psychotherapy Sessions has been modified to 6 Weekly Individual Cognitive Behavior Psychotherapy Sessions are approved. The requests for 12 months of Psychotropic Medication Consultations have been modified to (1) Session of medication management consultation and (1) follow-up session is approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Weekly individual Cognitive-Behavior Psychotherapy Session: 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 Chapter: Stress and Mental illness Topic: Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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 injured worker has been diagnosed with Depressive disorder NOS with anxiety. The request for 8 Weekly individual Cognitive-Behavior Psychotherapy Session exceeds the guideline recommendations for an initial trial. The request is excessive and not medically necessary at this time.

12 months of Psychotropic Medications Consultations: 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 Mental illness & Stress 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 request for 12 months of Psychotropic Medications Consultations is excessive and not clinically indicated. There is no clinical rationale for the need for 12 office visits. It is to be noted that the UR physician authorized one visit and the need for further follow up visits is based on the recommendations of the consulting Psychiatrist.