

Case Number:	CM15-0169050		
Date Assigned:	09/11/2015	Date of Injury:	09/19/2013
Decision Date:	10/13/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/27/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 32 year old male, who sustained an industrial injury on 09/19/2013. His diagnoses include PTSD, major depressive disorder single episode moderate, insomnia related to anxiety and depression, alcohol use disorder mild, and chronic irritation on burn wounds. Treatment to date has included diagnostics, physical therapy, chiropractic, mental health treatment, and medications. As of 07/18/2015, he remained unchanged from his last visit of 07/01/2015. He presented with depressed affect and reported depressed mood with anhedonia, loss of libido, insomnia, decreased attention and concentration, increased appetite and weight gain, poor self-esteem, low energy and fatigue, irritability, anxiety with somatic, visceral, sensory and autonomic symptoms, distressing memories, nightmares, avoidance, sense of foreshortened future, hyper-vigilance, and an exaggerated startle response. He denied suicidal ideation and stated that he had not been using alcohol since his last visit. GAF was 55. Current medications were not noted. He was to start Effexor XR and Trazadone. Previous mental health progress notes were not provided. On 08/01/15 the patient was doing better and had good sleep on Trazodone. He was less depressed with slightly less intensity of pain. He had improvement in libido, energy, and concentration. All other symptoms remained unchanged. Medication changes included increasing Effexor for depression, anxiety, and chronic pain, and start Wellbutrin for adverse effects of Effexor. UR of 08/10/2015 modified the request for monthly med management sessions to 3 and individual CBT sessions were noncertified based on lack of psychological evaluation having been performed and not specifying whether the CBT would be provided by a psychiatrist or psychologist. On 08/29/2015, [REDACTED] wrote a letter pointing out that both specialties are equally qualified to provide CBT, and he further indicated that a psychological

evaluation had in fact been done and a report had been submitted but was not provided for that UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions, once monthly for six months: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office visits.

Decision rationale: Recommended as determined to be medically necessary. 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 patient is undergoing changes in his medication regimen and his symptomatology is not yet stable. Monthly medication management visits are medically necessary given his situation. This request is medically necessary.

Cognitive behavioral therapy, six weekly sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. MTUS guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. Steps include identification of concerns, interventions emphasizing self-management, and continued assessment of goals with potential further treatment options should they be required. ODG Psychotherapy Guidelines are up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The patient manifests symptoms of PTSD and suffers from major depressive disorder. Psychological treatment is medically necessary for these and chronic pain. UR of 08/10/15 non-certified CBT based on lack of psychological evaluation and lack of specificity as to who will provide the therapy (e.g. psychologist or psychiatrist). ■■■■■ indicated in his letter of 08/29/15 that a psychological evaluation was in fact performed and a report was submitted. He pointed out that both a psychiatrist and psychologist are qualified to provide CBT services, with which I concur. This request is medically necessary.