

Case Number:	CM15-0181772		
Date Assigned:	10/01/2015	Date of Injury:	08/12/2011
Decision Date:	11/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/15/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on August 12, 2011. The injured worker was diagnosed as having posttraumatic stress disorder, depressive disorder not otherwise specified, and panic disorder with agoraphobia. Treatment and diagnostic studies to date has included medication regimen, psychiatric treatment, and status post shoulder surgery. In a progress note dated July 21, 2015 the treating psychiatrist reports a decrease in anxiety, tension, irritability, and quick temperament, a decrease in depression, "rare" crying episodes, and "rare" feelings of life not worth living, a decrease in insomnia, and a decrease in panic attacks. The treating psychiatrist also noted on this date "bad dreams of work", impaired memory and concentration, low appetite and weight, a decreased energy level, and a decrease in sociability. Examination performed on July 21, 2015 was revealing for a "less tense and dysphoric mood", but does not show symptoms of panic attacks or obsessive behavior, no thought disorder, well focused during memory and concentration examination with prompt answers, and no impaired reality with testing. The treating psychiatrist noted the prescribed medications of Xanax (since at least May of 2015), Restoril (since at least May of 2015), Wellbutrin SR (since at least March 2015), Prozac (since at least July of 2015) on July 21, 2015, but the progress note did not indicate if the injured worker experienced any functional improvement in symptoms with the use of this medication regimen. The medical records also noted prior use of the medication of Ativan in March 2015. The progress note from March 20, 2015 noted treatment with a psychologist, but the documentation did not indicate prior group psychological education. On July 22, 2015 the treating physician requested the medication

Ativan 10mg with a quantity of 30 and twelve sessions of group psychological education, but the documentation did not indicate the specific reasons for the requested treatments. On August 17, 2015, the Utilization Review denied the requests for Ativan 10mg with a quantity of 30 and twelve sessions of group psychological education.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psych education (sessions) Qty: 12: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation: Group therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress section, Group therapy.

Decision rationale: The MTUS Guidelines do not address group therapy. The ODG, however, states that group therapy is recommended as an option for those with post-traumatic stress disorder (PTSD) as it should provide a supportive environment in which a patient may participate and relate with other patients with PTSD. Current findings, however, do not favor any particular type of group therapy over other types. In the case of this worker, upon review of the documentation provided, there was no information found which would preclude this worker from attending group psych. education, and as she has a diagnosis of PTSD (appropriate), these sessions are warranted. Therefore, the request is medically necessary at this time. Continuation of group sessions should be based on evidence of effectiveness.

Ativan 10mg #30: Upheld

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): Benzodiazepines.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was insufficient evidence to clearly show functional gains directly related to frequent Ativan use. Regardless, this request was for 10 mg, which would be much too high of a dose and appears to be a mistake. Therefore, this request as written is not medically necessary at this time.

