

Case Number:	CM15-0023518		
Date Assigned:	02/13/2015	Date of Injury:	01/07/2011
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the provided medical records, this male patient reported an occupational related injury that occurred on January 7, 2011 during the course of his employment for [REDACTED]. According to the UR rationale for non-certification, the patient has been receiving psychological services since October 2011. There are additional medical records indicating a MVA on May 25, 2009 injury to his back and knee. He is diagnosed with a mood disorder not otherwise specified. There are several conflicting additional other psychological diagnoses, including: Bipolar Disorder as well as Anxiety Disorder not otherwise specified, and Histrionic and Narcissistic personality traits. He reports mood instability, depression, anxiety, insomnia, and obsessive and ruminating negative thoughts. In terms of psychiatric medications he has been on several different ones including most recently Zyprexa and Abilify. The quantity of treatments being requested was unspecified on the documentation received for this IMR it was clarified on the utilization review determination for non-certification that the request was for 6 to 12 months of treatment. The rationale for non-certification was stated that: "the request for up to 52 more sessions of psychotherapy is excessive and is not reasonably or necessary at this time. It is further noted that antidepressants are recommended for the treatment of a major depressive disorder or PTSD however the CA MTUS and ODG are silent regarding use of antidepressants or other psychotropic medications for a mood disorder not otherwise specified. In the absence of these guidelines it would be reasonable to face a recommendation on further treatment upon demonstration of overall effectiveness of the medications. The submitted documentation does not provide any information regarding whether the claimant has improved as a result of medications.

The necessity of the request for 3-6 additional sessions of medication management has not been established at this time."A request was made for bimonthly psychiatry visits and weekly psychotherapy sessions. The request was unspecified in terms of quantity for both the psychiatry visits and for the weekly psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bi-monthly psychiatry visits and weekly psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment. See also cognitive behavioral therapy. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy. March 2015 update.

Decision rationale: In this case, the documentation submitted for review reveals that mood and sleep have stabilized on medications. There is insufficient documentation regarding the number of treatment sessions the claimant has attended to date or specific objective functional improvements as a result of prior treatment. Regarding the request for psychological treatment, it does appear that the patient has been participating in psychological treatment since 2011. However there is no further information about quantity or outcome. The request for 6 months to one year worth of treatment is excessive and does not allow for the ongoing process of establishing continued medical necessity nor does it allow for the ongoing process of establishing and documenting patient benefit from treatment. There was no comprehensive treatment plan with stated goals and expected dates of accomplishment for these treatment modalities. There's insufficient discussion or indication of past treatment benefit and what has been accomplished. Although over five hundred pages of medical records submitted for consideration for this review nearly all of them pertained to the motor vehicle accident that occurred in two thousand nine and are not applicable to the current situation. The patient's injury appears to be primarily work place interpersonal stress related. It is not clearly stated how continued treatment would address his distress relating to this matter. Regarding the request for psychiatric treatment, the request was combined with the request for psychotherapy and therefore must be considered in conjunction with it. Because this request for psychotherapy excessive in quantity and duration as well as not supported as medically necessary based on patient benefit from prior treatment the request to overturn the utilization review determination is not approved. Additional 6 months to a year of psychiatric treatment is also excessive. The medical necessity of the request for 6 months to a year of bimonthly psychiatric treatment is also not established and the UR decision upheld.