

Case Number:	CM15-0030294		
Date Assigned:	02/23/2015	Date of Injury:	04/18/2014
Decision Date:	04/16/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/18/2015

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 42-year-old female whose date of injury is 04/18/2014. While picking up heavy charts, she developed pain in her wrists, right hand and right thumb. The diagnoses have included right upper extremity repetitive trauma, de Quervain's syndrome right wrist, cervical myofascitis right wrist tendinitis, anxiety syndrome, and major depressive disorder single episode moderate. Treatment to date has included TENS, epidural steroid injection, physical therapy, acupuncture, and medications. She complains of significant right hand/wrist pain, with a significant change in her mood. The initial evaluation report of 01/06/2015 noted her to have a moderately depressed mood, with affect at times inappropriate, appearing generally flat, some psychomotor retardation, and no suicidal ideation. She endorsed having difficulty getting out of bed and becoming easily tearful. The diagnosis of major depressive illness, single episode, and moderate was made with the recommendation of an initial trial of Wellbutrin, with medication management. Individual psychotherapy was recommended and psychological testing to provide objective data to establish a psychiatric diagnosis. Other medications included Naproxen, Prilosec, and Tramadol. She completed her trial of 4 psychotherapy sessions on 02/24/14. Her therapist reported that she was less depressed, she was using behavioral interventions learned, and using meditation. On 03/03/13, a doctor's progress note showed her mood to be slightly better, affect flat, and she reported a slight improvement in ability to take charge at home. On 01/15/2015, Utilization Review modified medication management sessions to one, sessions x8, psychological testing, a trial of four psychotherapy sessions was certified, psychological testing

was noncertified due to the patient having been given the CBT trial, after which the request could be revisited. The request for Wellbutrin was partially certified to approve #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding medication management sessions. Official Disability Guidelines Mental Illness & Stress.

Decision rationale: The patient is on multiple medications. Monitoring of medication regimens is medically necessary to insure that the patient is receiving proper treatment for her diagnosis, but per ODG, it is individualized based on the patient's condition, signs and symptoms, other medications prescribed, etc. While the request for medication management is reasonable, being that it is difficult to anticipate how many sessions a particular patient will require in the future the request of four is excessive. This request is therefore noncertified.

Individual psychotherapy sessions x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychotherapy in major depressive disorder. Official Disability Guidelines Mental Illness & Stress Cognitive Therapy for Depression.

Decision rationale: The patient completed an initial trial of four psychotherapy sessions with evidence of objective functional improvement. Additional psychotherapy is indicated however, given that her major depressive disorder is moderate and not severe in nature, the request for eight sessions is excessive. The patient should be re-evaluated at more frequent intervals for objective functional improvement and her treatment plan updated at that time. This request is therefore noncertified.

Psychological testing: 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 Psychological evaluations.

Decision rationale: Per MTUS, psychological evaluations are accepted, well-established diagnostic procedures in pain problems and chronic pain populations. It is helpful in evaluating and predicting the likelihood of developing chronic pain. However, the patient has been receiving CBT, a modality that helps patients to develop coping skills for pain management. The necessity for psychological testing at this point is unclear and rationale has not been sufficiently provided. This request is therefore noncertified.

Wellbutrin 150mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin (bupropion).

Decision rationale: The patient's diagnosis is major depressive disorder single episode moderate. Wellbutrin is recommended as a first-line agent for major depressive disorder. This request does not indicate directions, e.g. number of times per day, or form of Wellbutrin, e.g. Wellbutrin SR or Wellbutrin XL. This request is therefore noncertified.

