

Case Number:	CM15-0045694		
Date Assigned:	03/18/2015	Date of Injury:	03/01/1999
Decision Date:	04/20/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/10/2015

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: Pennsylvania
 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 56 year old female, who sustained an industrial injury on 3/1/1999. The details of the initial injury and prior treatments to date were not submitted for this review. The diagnoses have included panic disorder and major depressive disorder, single episode, moderate. The documentation submitted for this review included a telephone call from 1/16/15 that documented a complaint of panic attacks, crying and despondent, and requested immediate psychiatric assistance. The provider advised to seek emergency treatment with the hospital if at risk. The medical records indicated she was last evaluated in 2006. The provider requested authorization to treat with an initial psychiatric evaluation and once a week for four weeks to stabilize panic and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1x4 weeks: 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 Treatment Page(s): 101.

Decision rationale: According to the MTUS "Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." This worker presented via telephone complaining of panic attacks and requested immediate therapy. She was described as despondent and crying. It was confirmed that there was no suicidal risk. There is no indication of any further evaluation to establish diagnoses or a treatment plan. She had not been seen since 2006. While psychotherapy may ultimately be indicated, this treatment plan cannot be considered medically necessary without documentation of further evaluation and establishment of current diagnosis. The treatment plan should not be based on the patient's condition and diagnoses 9 years ago.

Beck Anxiety Inventory 1x6 weeks: 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 Treatment Page(s): 101.

Decision rationale: According to the MTUS "Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." This worker presented via telephone complaining of panic attacks and requested immediate therapy. She was described as despondent and crying. It was confirmed that there was no suicidal risk. There is no indication of any further evaluation to establish diagnoses or a treatment plan. She had not been seen since 2006. While serial Beck Anxiety Inventories may ultimately be indicated, this treatment plan cannot be considered medically necessary without documentation of further evaluation and establishment of current diagnosis. The treatment plan should not be based on the patient's condition and diagnoses 9 years ago.

Beck depression inventory 1x6 weeks: 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 Treatment Page(s): 101.

Decision rationale: According to the MTUS "Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective." This worker presented via telephone complaining of panic attacks and requested immediate therapy. She was described as despondent and crying. It was confirmed that there was no suicidal risk. There is no indication of any further evaluation to establish diagnoses or a treatment plan. She had not been seen since 2006. While serial Beck Depression Inventories may ultimately be indicated, this treatment plan cannot be considered medically necessary without documentation of further evaluation and establishment of current diagnosis. The treatment plan should not be based on the patient's condition and diagnoses 9 years ago.