

Case Number:	CM14-0161444		
Date Assigned:	10/06/2014	Date of Injury:	08/01/2012
Decision Date:	11/07/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with Date of Injury 8/1/2012. Date of the UR decision was 9/18/2014. She developed numbness, tingling sensation in her hands, wrists, arms and shoulders as her job functions required the repetitive movement of her upper extremities. Injured worker has been diagnosed with Major Depressive Disorder, single episode; Generalized Anxiety Disorder; Female Hypoactive Sexual Desire disorder and Insomnia. Report dated 8/14/2014 listed her subjective complaints as sadness, tired, persisting pain, frustrated with physical limitations, irritable, social withdrawal, discouraged and pessimistic. Objective findings were suggested as sad and anxious mood; bodily tension, dysphoria, appears fixed. It was stated that she is in need of continued mental health intervention. Report dated 5/1/2014 indicated that Vistaril was discontinued due to headaches, Trazodone was initiated for sleep; Buspar was initiated for anxiety and dose of Prozac was increased. It has been suggested that the injured worker has been treated with individual psychotherapy, however there is no mention of how many sessions she has completed so far or any documentation regarding objective functional improvement from the treatment so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Group Psychotherapy times six (6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Sub-chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)It has been suggested that the injured worker has been treated with individual psychotherapy, however there is no mention of how many sessions she has completed so far or any documentation regarding objective functional improvement from the treatment so far.The request for Outpatient Group Psychotherapy times six (6) is not medically necessary.

Individual Psychotherapy times sixteen (16): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Sub-chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illness chapter, <Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend:"Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."It has been suggested that the injured worker has been treated with individual psychotherapy, however there is no mention of how many sessions she has completed so far or any documentation regarding objective functional improvement from the treatment so far.Based on lack of information regarding the previous psychotherapy treatment that the injured worker has undergone, the request for Individual Psychotherapy times sixteen (16) is not medically necessary.

Office Visits times 6 for Major Depression, Anxiety Disorder, Hypoactive Sexual Desire and Insomnia: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Sub-chapter. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

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, Office visits Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "Injured worker has been diagnosed with Major Depressive Disorder, single episode; Generalized Anxiety Disorder; Female Hypoactive Sexual Desire disorder and Insomnia. Psychiatrist Report dated 5/1/2014 indicated that Vistaril was discontinued due to headaches, Trazodone was initiated for sleep; Buspar was initiated for anxiety and dose of Prozac was increased. The injured worker has been experiencing symptoms of sadness, feeling tired, persisting pain, frustrated with physical limitations, irritable, social withdrawal, feeling discouraged and pessimistic. Based on the continued psychological symptoms being experienced by the injured worker that requires medication management, the request for Office Visits times 6 for Major Depression, Anxiety Disorder, Hypoactive Sexual Desire and Insomnia is medically necessary.