

Case Number:	CM14-0166004		
Date Assigned:	10/13/2014	Date of Injury:	06/10/1997
Decision Date:	11/12/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/08/2014

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:

Injured worker is a 68 year old female with date of injury 6/10/1997. Date of the UR decision was 9/16/2014. Report dated 3/19/2014 listed subjective complaints is improving mood with ongoing depression and anxiety and continued to have ongoing problems with memory. Objective findings listed that he was a little better; anxiety was reported to be prominent with less depression. She was diagnosed with Major Depressive Disorder, moderate, recurrent and Post Traumatic Stress Disorder. It was documented by the provider that "duration of treatment will be potentially for the rest of her life due to severity of symptoms and proneness to regression." Report dated 9/16/2014 suggested that he had a better month despite more deaths in the family. There was noted to be no significant change in presentation compared to the report from 3/19/2014 and that he still continued to exhibit prominent anxiety with less depression. It has been suggested that the injured worker has undergone extensive psychotherapy treatment; however, there is no documentation regarding the total number of visits so far or any evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Consultation

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: The Official Disability Guidelines state: "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. "The injured worker has been diagnosed with Major Depressive Disorder, moderate, recurrent and Post Traumatic Stress Disorder. However, there is no information regarding any medications that are being prescribed for the injured worker at this time. The request for Medication management, unspecified number of visits is not medically necessary.

Individual psychotherapy every other week (potentially for rest of life): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 and Stress, Cognitive therapy for depression; PTSD

Decision rationale: ODG Psychotherapy Guidelines:- 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 undergone extensive psychotherapy treatment, however, there is no documentation regarding the total number of visits so far or any evidence of objective functional improvement. The request for Individual psychotherapy every other week (potentially for rest of life) is excessive and is not medically necessary.