MAXIMUS Federal Services

Case Number:	CM15-0012099		
Date Assigned:	01/29/2015	Date of Injury:	01/16/2012
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/21/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 (IW) is a 60 year old male who sustained an industrial injury on 01/16/2012. He has reported injury to the right upper and lower extremities and his back. Diagnoses include right shoulder impingement syndrome and right shoulder acromio-clavicular degenerative joint disease, mild patellar tendinosis of the right knee, chronic lumbar strain, and depression. Treatments to date include a right shoulder video-arthroscopy, subacrominal decompression, and resection of the right distal clavicle. He also has been treated for clinical depression with medications and psychotherapy. In a psychological evaluation dated 12/15/2014 the treating provider reports that the IW has a history of major depression following his injury. He was not under the care of a mental health professional between February 2014 and the evaluation of December 2014. On 01/12/2015 Utilization Review non-certified a request for 12 week Cognitive Behavioral Therapy (CBT) sessions noting the IW was approved for six psychotherapy sessions on 11/25/2014 and it was determined during the peer-to-peer discussion that the IW has not used any of them to date. Since the IW has not received the sessions, these approved sessions should occur prior to requesting additional sessions. Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, The MTUS Chronic Pain Guidelines Behavioral interventions, and Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, Psychotherapy guidelines were cited. On 01/12/2015 Utilization Review non-certified a request for Psychotropic medication evaluation with follow-up appointments, noting the psychologist who has seen the IW cannot prescribe medication, and the IW is in need of psychiatric assessment.

The request for a psychotropic medication evaluation with follow-up appointments will be modified to a single psychotropic medication evaluation and additional follow-up appointments can be determined and requested if needed after the evaluation. The MTUS, ACOEM Guidelines, Chapter 15 Stress Related Conditions were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 week Cognitive Behavioral Therapy (CBT) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, Psychotherapy guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness & stress: Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend:"Initial trial of 6 visits. 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." The submitted documentation indicates that the injured worker has been seeing by a Psychiatrist and the last visit was in May 2014 in which the given diagnosis was Major Depressive Disorder, single episode, Insomnia type sleep disorder due to pain as well as Psychological factors affecting medical condition. He was being prescribed psychotropic medications namely Prozac and Ambien for the same. The request for 12 week Cognitive Behavioral Therapy (CBT) sessions exceeds the guideline recommendations for the number of the psychotherapy sessions per ODG for depression. Thus, the request is not medically necessary.

Psychotropic medication evaluation with follow-up appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness & stress: Office visits

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. " The submitted documentation indicates that the injured worker has been seeing by a Psychiatrist and the last visit was in May 2014 in which the given diagnosis was Major Depressive Disorder, single episode, Insomnia type sleep disorder due to pain as well as Psychological factors affecting medical condition. He was being prescribed psychotropic medications namely Prozac and Ambien for the same. Since the injured worker has already been in treatment with a Psychiatrist and is being prescribed psychotropic medications, there is no clinical indication or a medication evaluation visit. Also, the number of follow up visits is unspecified. Thus, the request for Psychotropic medication evaluation with follow-up appointments is excessive and not medically necessary.