

Case Number:	CM15-0114479		
Date Assigned:	06/22/2015	Date of Injury:	02/09/2015
Decision Date:	10/08/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/15/2015

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 is a 36 year old female, who sustained an industrial injury on 2/09/2015, while employed as a police officer. The injured worker was diagnosed as having Posttraumatic Stress Disorder (PTSD) and major depressive affective disorder, single episode, severe, without mention of psychotic behavior. Treatment to date has included mental health treatment and medications. Several documents within the submitted medical records were difficult to decipher. Currently (5/11/2015), the injured worker complains of profound depression and anxiety. Despite suicidal ideation, she denied intent with plan. BDI was 55 and BAI was 45. It was noted that she had highly resistant depression /PTSD thus far. Mirtazapine had no benefit for her sleep and was discontinued. She was to continue Cymbalta, Trazodone, and Ativan. She was currently not working. A previous progress report (4/06/2015) noted that medication prescribed on 3/09/2015 was ineffective, with no improvement in sleep, anxiety, or depression. BDI was 50 and BAI was 46. The treatment plan included psychotherapy x20, Beck Anxiety (BAI) and Depression Inventory (BDI) every 6 weeks, medication management, and BAI and BDI (medication management) x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 20 (post-traumatic stress, major depression): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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/ Cognitive therapy for depression; Cognitive therapy for PTSD.

Decision rationale: MTUS is silent regarding this issue ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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 request for Psychotherapy times 20 (post-traumatic stress, major depression) exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

Beck Anxiety Inventory (psychotherapy) once every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 and Stress/ Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for Beck Anxiety Inventory (psychotherapy) once every 6 weeks does not specify the quantity being requested and thus is not medically necessary.

Beck Depression Inventory (psychotherapy) once every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 and Stress/ Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not

only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated.” The request for Beck Depression Inventory (psychotherapy) once every 6 weeks does not specify the quantity being requested and thus is not medically necessary.

Medication management times 6 (post-traumatic stress, major depression): Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 & Stress/ Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible." The request for Medication management times 6 (post-traumatic stress, major depression) is excessive and not medically necessary as the injured worker is not on any medications that would require such close monitoring needing six more office visits.

Beck Anxiety Inventory times 6 (medication management): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 and Stress/ Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated.” The request for Beck Anxiety Inventory times 6 (medication management) is excessive and not medically necessary since six medication management visits are not medically necessary at this time.

Beck Depression Inventory times 6 (medication management): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 and Stress/ Psychological evaluations.

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The request for Beck Depression Inventory times 6 (medication management) is excessive and not medically necessary since six medication management visits are not medically necessary at this time.