

Case Number:	CM15-0118992		
Date Assigned:	06/29/2015	Date of Injury:	11/08/2004
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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

Certification(s)/Specialty: Psychologist

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 55-year-old female who sustained an industrial injury on 11/08/2004. Diagnoses include posttraumatic stress disorder and industrially related major depressive disorder, recurrent, severe. Treatment to date has included medications, psychological and psychiatric therapy. According to the summary of treatment notes dated 5/6/15, the IW reported she was sleeping better with Saphris and Brintellix and found that her mood was improving with the medications. She admitted she remained easily confused, forgetful and was frustrated that she could not get Vicodin and Soma for two weeks. She had problems with diarrhea, headaches and began having acute psychological withdrawal symptoms along with uncontrolled pain symptoms. She felt more disabled and less likely to want to leave the house. She had been considering hospitalization, but did not want to miss her daughter's graduation ceremony. Psychotherapy focused on how to advocate for adequate pain management and whether she would be better off with Suboxone given her long-term reliance on opioids and the frequent abrupt discontinuations of her pain medications. She was off her Cymbalta and Bupropion. On examination, she had lost weight due to gastric sleeve surgery. Her mood was frustrated and depressed. She had signs of psychomotor agitation, no suicidal ideation or hallucinations; however, she was still ruminating. Her insight and judgment was fair. A request was made for eight (8) psychiatric sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Psychiatric sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (online version) Psychological treatment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

Decision rationale: Citation Summary ACOEM chapter 15 page 398 B, Referral. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for 8 psychiatric treatment sessions; the request was modified to allow for 3 psychiatric sessions for medication management purposes only. Utilization review provided the following rationale for its decision: "the medical records do not clearly establish what functional improvements if any would be gained from additional psychiatric sessions. However in light of her now antidepressant medications it would be reasonable to allow 3 psychiatric sessions based on guidelines of an initial trial to evaluate her current medication regime. Therefore my recommendation is to modify the request for 8 psychiatric sessions to allow for 3 psychiatric sessions for medication management only." This IMR will address a request to overturn the utilization review decision. According to the provided medical records the patient is currently taking Abilify 15 mg, Cymbalta 20 mg, and Wellbutrin 300mg in addition to pain management medications. Continued psychiatric treatment is indicated for this patient as medically appropriate at this juncture. Once the patient is stabilized on a regime of psychiatric treatment the frequency of sessions can be decreased to a maintenance phase and often handled by a primary treating physician. In this case, the patient appears to be undergoing adjustment of her medication regime and therefore additional psychiatric treatment is appropriate. However, the request for 8 sessions of psychiatric treatment which at a frequency of one time per month is the equivalent of 8 months of treatment, and possibly much longer if session frequency is decreased once she is stabilized, appears to be excessive in quantity and duration. Utilization review modifies the request to allow for 3 sessions. Because this request appears to be excessive in quantity, the medical necessity of the request is not established and therefore the utilization review determination is not medically necessary.