

Case Number:	CM15-0128657		
Date Assigned:	07/15/2015	Date of Injury:	03/13/2011
Decision Date:	08/12/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/02/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 68 year old male who sustained an industrial injury on 3/13/2011. He reported acute injury to the head and neck from a jamming motion caused by equipment he was moving that came to a sudden stop. He suffers from chronic pain. He has had multiple surgeries, and has received conservative treatment including PT and epidural injections. 06/11/15 these requests for psychotherapy and psychotropic medication referral were non-certified due to lack of appropriate documentation provided. The patient had psychiatric AME on 04/08/15. He presented with sadness and anxiety due to pain and financial stress related to his industrial injury. He was diagnosed with depression NOS with anxiety due to pain. AME recommended 8 psychotherapy sessions and referral for a psychoactive medication consultation and trial of medications. At that time, he was on lisinopril, pravastatin, Soma, aspirin, lorazepam, Norco, and Fioricet. He has been seeing [REDACTED] for psychotherapy. Progress notes between 05/27/15-07/22/15 are handwritten. The patient deferred rating scales, stating that he felt "over evaluated." He has been counseled regarding sleep hygiene and increasing pleasurable activities. The patient reported feeling frustrated and depressed, with rumination about no control. Imagery and relaxation were reportedly not helping, from what I could decipher of the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 time a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

Decision rationale: The patient has received at least four of the AME recommended psychotherapy sessions. Guidelines however recommend an initial trial of 3-4 sessions, followed by additional certification if there is evidence of objective functional improvement. In this case, progress notes provided by [REDACTED] do not reflect that this has occurred since the intake note of 05/27/15. This request is therefore not medically necessary.

Psychotropic medication referral: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: CA-MTUS is silent regarding psychotropic medication referral. Per ACOEM, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Referral to a specialist for mild depression may be made after symptoms continue for more than six to eight weeks, and patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. This patient's symptoms and condition are not well described in [REDACTED] progress notes and no rating scales were completed. AME of 04/08/15 recommended evaluation for possible medication trial, and perhaps a psychotropic medication evaluation will provide some clarification. This request is therefore medically necessary.