MAXIMUS Federal Services

Case Number:	CM15-0075618		
Date Assigned:	04/27/2015	Date of Injury:	04/04/2006
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/21/2015

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:

This 58 year old female sustained an industrial injury to the low back on 4/4/06. Previous treatment included magnetic resonance imaging, lumbar fusion, psychiatric care, individual psychotherapy and medications. In an individual psychotherapy progress note date 4/6/15, the physician noted that the injured worker was depressed with increased medical problems. Physical exam was remarkable for poor grooming, appropriate eye contact, depressed mood, constricted affect, normal speech and cooperative behavior. The physician noted that the injured worker 's physical condition was worsening as she remained homeless and living in her car. The injured worker was awaiting settlement in her case and had unrealistic plans to return to work. Current diagnoses included major, recurrent depression. The treatment plan included medication management with a psychiatrist and individual psychotherapy once every two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions x 5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker has undergone previous psychotherapy treatment, however there has been no mention of "objective functional improvement." The request for Individual psychotherapy sessions x 5 is excessive and not medically necessary based on lack of information from prior psychotherapy treatment.

Psychiatric medication management sessions x 4: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: 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 submitted documentation indicated that the injured worker has been diagnosed with major, recurrent depression. Per report dated 4/6/15, she presented with objective findings of poor grooming, appropriate eye contact, depressed mood, constricted affect, normal speech and cooperative behavior. It has been suggested that she has been homeless and living out of her car. The request for Psychiatric medication management sessions x 4 is appropriate and medically necessary for adequate treatment of symptoms related to major depressive disorder.