

Case Number:	CM15-0078307		
Date Assigned:	06/02/2015	Date of Injury:	01/08/2001
Decision Date:	07/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/23/2015

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 is a 58-year-old female with an industrial injury dated 01/08/2001. Her diagnoses included post-traumatic stress disorder and major depressive disorder - severe with suicidal ideation. Prior treatments included medications, psychiatrist visits and treatment for her initial industrial injury. She presented on 12/29/2014 with complaints of depressive mood and fatigue. She also complained of upper abdominal pain with medication intake. The provider document the injured worker cried as she related that her sedentary life style and depressed mood had affected her overall health. Objective findings included the injured worker presented in a distressed state. Breathing exercises and relaxation strategies focused on pain and anxiety reduction were provided and she was encouraged to continue the same at home. The progress note dated 11/13/2014 documents the injured worker showed functional improvement with treatment. The provider documents the injured worker had shown improvement in her overall mood, affect, and had improved in her ability to cope with her limitations, pain and stress in a more constructive manner. The plan of treatment included 12 group therapy sessions, 3 psychopharmacology management sessions and 48 individual therapy sessions. The request for this review is for 3 psychopharmacology management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 psychopharmacology management sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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 Chapter Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving both psychiatric medication management services as well as individual and group psychotherapy for the treatment of PTSD and Major Depressive Disorder. Considering the psychotropic medications that the injured worker is receiving, the request for 3 monthly follow-up psychiatric visits is appropriate and medically necessary. It is noted that the injured worker received a modified authorization for one additional psychopharmacology management session in response to this request.