

Case Number:	CM13-0001481		
Date Assigned:	05/02/2014	Date of Injury:	04/26/2013
Decision Date:	08/06/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/15/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a now 47 year old female who was injured in April of last year, when she developed depression and anxiety relate to problems with a co worker. The patient was initially seen on or about 6/12 of last year, 4 weekly psychotherapy sessions were recommended along with an evaluation for medication management. The patient has been variously diagnosed with Major Depressive Disorder, Single Episode, Moderate and Adjustment Disorder and has been receiving psychotherapy. She had received psychiatric treatment a little over 10 years ago at which time her father had passed away. Current records indicate that she is seeing a psychiatrist and a therapist and is on Prozac 10 mg po q AM, Ativan 0.5 mg at hs and Ambien 10 mg at hs. This is a review for medical necessity for 4 weekly psychotherapy sessions and 2 monthly medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

(4)PSYCHOTHERAPY SESSIONS ON A WEEKLY BASIS WITH TWO (2) SESSIONS OF MEDICATION ON A MONTHLY BASIS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Summary of Medical Evidence.

Decision rationale: The ODG indicates up to 13-20 psychotherapy sessions. Given that the request is within these parameters, the 4 sessions appear to be medically necessary. ACOEM guidelines indicate physician visits at least once per week in patients who are missing work. The documentation submitted indicates that the patient has not yet returned to work. The data reviewed in sum appear to support medical necessity for 4 weekly psychotherapy visits and 2 monthly medication management visits according to the evidence based standards and expert consensus as set forth in the ODG and ACOEM. Given the above the request is medically necessary.