

Case Number:	CM13-0016276		
Date Assigned:	04/23/2014	Date of Injury:	05/04/1995
Decision Date:	06/05/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/26/2013

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 79 year old female whose date of injury was May 1995. She is diagnosed with Major Depressive Disorder and is on Zoloft and Buspar. It appears that the provider has been seeing the patient monthly. The doses of medication were not documented in the records provided. The provider is requesting monthly psychotherapy for an unspecified duration. The reason for the request is not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PSYCHOTHERAPY VISITS, ONE TIME PER MONTH, NO DURATION SPECIFIED FOR MAJOR DEPRESSION, AS AN OUTPATIENT, POST LOW BACK INJURY.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, LTD.; London, England; www.Clinicalevidence.com; Section: Mental Health; Condition: Depression In Adults: Drug And Other Physical Treatments.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions And Treatments, Page(s): 23.

Decision rationale: The above cited guideline indicates an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. The request appears to be for maintenance therapy for an indeterminate time. This request is not consistent with this guideline. Medical necessity for the requested monthly psychotherapy for an indeterminate period of time is not established according to the evidence based best practice standards noted in the Chronic Pain Medical Treatment Guidelines. Therefore, the requested psychotherapy is not medically necessary.