

Case Number:	CM13-0023891		
Date Assigned:	11/15/2013	Date of Injury:	01/11/2013
Decision Date:	06/11/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/12/2013

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 59 year old male who was injured 1/11/2013. On 5/8 a psychological assessment was done. The patient reported feelings of sadness, helplessness and hopelessness. The finding was a diagnosis of Major Depressive Disorder, Single Episode, Mild along with Anxiety Disorder NOS. A 6 month trial of CBT was recommended along with a psychiatric evaluation and monthly treatment for four months. Relaxation therapy was recommended weekly as well. The treatment course is not clear. The current request is for coverage for Group Medical Psychotherapy weekly for 6 sessions, Hypnotherapy weekly for 6 weeks, a follow up office visit and pharmacological management. Coverage for the above requests has been denied due to lack of medical necessity. This is an independent review of the previous determination that the above procedures were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP MEDICAL PSYCHOTHERAPY 1 X WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010.

Decision rationale: There is no clear rationale for this request. It appears that the patient has had some treatment but it is not clear how much and there is no indication as to why the patient will benefit from group medical psychotherapy. APA practice guidelines indicate that research on the efficacy of group therapy in patients with major depression is limited. The data reviewed in sum do not establish medical necessity for this procedure. Request is not medically necessary.

MEDICAL HYPNOTHERAPY 1 X WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standard of practice.

Decision rationale: MTUS and ACOEM are silent on hypnotherapy in patients with major depressive disorders. Clinical information on this patient is extremely limited and other than a fairly detailed psychological evaluation in May there really is almost no clinical information about the patient's treatment course, current status or rationale for continued treatment. Hypnotherapy is not typically used in standard psychiatric practice and the provider has not established a rationale for its use in this patient. The requested weekly hypnotherapy for 6 weeks therefore is not medically necessary.

FOLLOW UP OFFICE VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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

Decision rationale: The above indicate specialty referral in patients who have significant psychopathology or serious medical comorbidities; neither of these situations apply in this case. The patient has a depression which is considered as mild and there is no indication that he has had a trial of psychotropic medication. Therefore there is no apparent indication for a follow up office visit with a mental health professional. Request is not medically necessary.

PHARMACOLOGICAL MANAGEMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010.

Decision rationale: As noted above there is no indication that the patient is on psychotropic medications. While pharmacological management is not contraindicated, neither is there an indication for this intervention. APA guidelines as cited above indicate that patients with mild depression do not require medications. If medications are to be considered they can be done by a PCP rather than a specialist. Specialty referral would only be necessary if the patient does not respond satisfactorily. An indication for pharmacological management is not therefore evident and medical necessity for this intervention is not established. Request is not medically necessary.