

<b>Case Number:</b>	CM13-0032646		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	01/05/2012
<b>Decision Date:</b>	01/30/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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 female patient, status post injury 11/5/12. The patient most recently (6/28/13) presented with nightmares and disturbed sleep, lack of confidence, feelings of sadness, and tearfulness, on a daily basis. Current diagnoses include major depression, recurrent episode, moderate to severe, non-psychotic, and rule out bipolar disorder. She has been treated with Ativan, Effexor, and klonopin. Treatment to date includes medication and cognitive behavioral therapy (number of sessions to date is unknown). Treatment requested is medication management 1x every 6 weeks (4 sessions over 6 months) and cognitive behavioral therapy 1 x weekly (24 sessions over 6 months).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 1 x every 6 weeks (4 sessions over 6 months):** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits, and the American Psychiatric Association Practice Guidelines, Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition.

**Decision rationale:** The CA MTUS does not specifically address office visits for psychiatric medication management but does address SSRI medications such as paxil and benzodiazepines, such as restoril and Ativan. Hydroxyzine is addressed elsewhere in this review. The ODG does address office visits as follows: ODG, Mental Illness & Stress, Office Visits. Recommended as determined to be medically necessary; Evaluation and ,management (E&M) outpatient visits to the Offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The American Psychiatric Association Practice Guidelines, Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition states the following with respect to therapeutic interventions: "b. Assessing the adequacy of treatment response In assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose [I]. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month [I]. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention [II]." This reviewer notes that National standards of care require that the patient receives a minimum number of medication management sessions over a twelve month period in order to assess the efficacy of the medications such as Ativan, Effexor and klonopin. Not only does this patient need two medication management visits with a psychiatrist but will need ongoing psychiatric medication management visits with a psychiatrist over time for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition, and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team.

**Cognitive behavioral therapy 1 x weekly (24 sessions over 6 months):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26, page 23 has the following to state about Behavioral interventions: "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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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)" These guidelines are clear that a total of up to 6-10

visits are in keeping with guidelines. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder which could allow for extra visits per guidelines. 24 psychotherapy sessions exceeds that guideline and as such are not medically necessary per MTUS.