

Case Number:	CM13-0033066		
Date Assigned:	12/06/2013	Date of Injury:	06/05/2007
Decision Date:	03/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	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 Maryland, Connecticut and New York. 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.

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 claimant is a 67-year-old man with a date of injury of 6/5/2007 when he fell and injured his back and since then presents with likely Adjustment Disorder with mixed anxiety and depressed mood vs. Major Depressive Disorder. Psychotherapy had been performed from at least 4/2010, including weekly from 6/2011 through 3/2012. In a report dated 2/24/2012 it is noted that the patient has Major Depressive Disorder though is able to attend to his personal and instrumental ADLs without issue other than his not being able to drive for long periods of time (presumably related to his back issues.) He reported not all that frequent but moderately intense mood and anxiety symptoms over the period of a week. He was deemed to be rather rigid psychologically and perfectionistic seeing his physical complaints as a failure but without the tools or insight to correct his cognitive distortions. It was assessed at that time that he had attained maximal psychiatric improvement. Since that time he had been seen once every 3 months for medication management and ongoing regular psychotherapy sessions though apparently not at the frequency of once/week. On 10/15/2012 it was noted that the "psychiatric condition (is) unchanged" and on 1/15/2013 that his "psychiatric condition remains stable" with continued periodic depression, anxiety and insomnia and similarly on 7/15/2013 that the psychiatric condition did not improve significantly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy bimonthly for 3 months (total of 6 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, depression section.

Decision rationale: The ODG guidelines for depression recommend 6 visits of CBT over 6 weeks and then with functional improvement, a total of up to 13-20 visits over 13-20 weeks. His improvement has been only marginal despite some years of psychotherapy and there is no indication of any specific discernible functional improvement. According to the ODG guidelines further psychotherapy sessions should not be provided and are not medically necessary.

Decision for Medication management 4 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation American Psychiatric Association (APA) Practice Guideline for the treatment of patients with Major Depressive Disorder, page 56.

Decision rationale: ACOEM Stress related conditions chapter states that the "frequency of follow up visits may be determined by the severity of symptoms whether the patient was referred for further testing and or psychotherapy and whether the patient is missing work." The ACOEM does not specifically recommend a frequency of psychopharmacology visits for MDD or adjustment disorder. As per the APA Guideline "continuation phase pharmacotherapy is strongly recommended following successful acute phase antidepressant therapy ... patients who have not fully achieved remission with psychotherapy are at greater risk of relapse during the continuation phase, treatment should generally continue at the same dose, intensity, and frequency that were effective during the acute phase." As per the APA Guideline above, when a treatment plan includes medication to manage the patient's condition, there is a medical necessity for continuous medication management sessions to evaluate efficacy, side effects, and compliance. 4 sessions of medication management is thus medically necessary.