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| Case Number: | CM13-0036134 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 06/07/2012 |
| Decision Date: | 10/10/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 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 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:

The injured worker is a 49 year old male with date of injury 6/7/2012. The date of UR decision was 09/25/2013. A progress report dated 7/29/2013 suggested that he had been getting more irritable and had been minimizing social engagements. He reported being frequently tense and anxious. He had been sleeping about six hours a night but was experiencing nightmares of "Satan sitting on my chest, beating me." His concentration was reported to be poor and he was easily distracted. He reported feeling fatigued the next day and in general had less energy and reported that his libido was decreased and that he was rarely sexually aroused despite being treated with testosterone injections. The progress report dated 7/29/2013 listed the diagnosis of Major Depression, Single Episode, Moderate, Non-Psychotic; Vyvanse Abuse, Followed By Withdrawal 6/ 12, In Remission and Attention Deficit Hyperactivity Disorder, which was documented as Pre-Existing. She scored 35 on the Beck Depression Inventory II (BDI II), indicating symptoms consistent with a severe range of depression and scored 14 on the Beck Anxiety Inventory (BAI), consistent with a mild to-moderate degree of anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT) x 24 sessions over x 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES PSYCHOTHERAPY GUIDELINES, STRESS AND MENTAL HEALTH CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illness chapter, <Cognitive therapy for depression

Decision rationale: The progress report dated 7/29/2013 listed the diagnosis of Major Depression, Single Episode, Moderate, Non-Psychotic; Vyvanse Abuse, Followed By Withdrawal 6/ 12, In Remission and Attention Deficit Hyperactivity Disorder, which was documented as Pre-Existing. She scored 35 on the Beck Depression Inventory II (BDI II), indicating symptoms consistent with a severe range of depression and scored 14 on the Beck Anxiety Inventory (BAI], consistent with a mild to-moderate degree of anxiety ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."The request for 24 sessions of CBT over 6 months exceeds the guideline recommendations and is not medically necessary.

Medication management visits every x 6 weeks for x 6 months (4 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG), PSYCHOTHERAPY GUIDELINES: STRESS AND MENTAL HEALTH CHAPTER

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, Office visits Stress related conditions

Decision rationale: ODG states "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 need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The submitted documentation does not indicate if the injured worker is currently being prescribed any psychotropic medications. The progress report dated 7/29/2013 listed the diagnosis of Major Depression, Single Episode, Moderate, Non-Psychotic; Vyvanse Abuse, Followed By Withdrawal 6/ 12, In Remission and Attention Deficit Hyperactivity Disorder, which was documented as Pre-Existing. She scored 35 on the Beck Depression Inventory II (BDI II), indicating symptoms consistent with a severe range of depression and scored 14 on the Beck Anxiety Inventory (BAI], consistent with a mild to-moderate degree of anxiety. There is no mention of any psychotropic medications that were recommended or prescribed at that visit. The injured worker could be a good candidate for a medication trial based on the symptoms in this report. However, without having any knowledge of the medications being suggested, the duration of time they are intended to be continue, the

goals of treatment etc.; the request for Medication management visits every 6 weeks for 6 months (4 visits) is not medically necessary.