

Case Number:	CM13-0037941		
Date Assigned:	12/18/2013	Date of Injury:	08/10/2001
Decision Date:	04/04/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/24/2013

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 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. 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 claimant is a 47-year-old woman with date of injury of 8/10/2001 resulting in chronic pain of her neck, right upper extremity and headache. She has been attending psychotherapy sessions (recently having received 8 sessions during May and June 2013 but multiple sessions prior since 2005) and obtaining just minimal benefit from them. She remains with depressed mood, fatigue, insomnia, excessive worrying, feelings of helplessness, worthlessness, anger, anxiety and preoccupation with the industrial stressors leading to her illness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy, once a week for twenty-four (24) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-TWC Mental Illness & Stress Procedure Summary (last updated 05).

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 Official Disability Guidelines recommend six (6) visits of cognitive behavioral therapy (CBT) over six (6) weeks, and then with functional improvement, a total of up to thirteen to twenty (13-20) visits over thirteen to twenty (13-20) weeks. Her improvement

has been only marginal despite some years of psychotherapy and there is no indication of any specific discernible functional improvement. According to the guidelines further CBT sessions should not be provided and are not medically necessary.

Medication management, once every six (6) weeks (eight (8) medication management sessions per year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary (last updated 06/07/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association Treatment of Patients with Major Depressive Disorder Guidelines, section 4c.

Decision rationale: The gold standard for treatment of Depression and Post-traumatic stress disorder (PTSD) is a combination of medication and psychotherapy. The patient is taking psychotropic medication that necessitates psychiatric medication management follow-up. The request meets guideline recommendation, and has been certified.