MAXIMUS Federal Services

Case Number:	CM13-0041754		
Date Assigned:	12/20/2013	Date of Injury:	09/03/2013
Decision Date:	04/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/30/2013

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 Connecticut. 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 claimant is a 68-year-old woman who reports having been bullied at work and presents now with depresed mood, anxious/fearful thoughts with middle insomnia due to awakening with fears about returning to work, chronic pain, muscle tension, and worsened hypertension. She is diagnosed with major depressive disorder (MDD), anxiety disorder not otherwise specified, insomnia related to anxiety disorder, and stress-related physiological response.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHIATRIC FOLLOW UP APPOINTMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 405.

Decision rationale: The ACOEM 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. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications,

and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. The chart notes do not indicate that the patient is in psychiatric treatment or has had an evaluation which recommends followup. If an evaluation is performed and the chart notes recommend follow-up, then this could be considered and likely approved. At this stage though monthly psychiatric follow-up appointments are not medically necessary.

TWELVE (12) PSYCHOTHERAPY SESSIONS, COGNITIVE BEHAVIORAL THERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Diasablity Guidelines Mental Illness And Stress Chapter Cognitive Therapy For Depression.

Decision rationale: The Official Disability Guidelines for depression recommend an initial trial of 6 visits of cognitive behavioral therapy over six weeks and then, with functional improvement, a total of up to 13-20 visits over 13-20 weeks can be certified. This patient has no explicit documented history of having had a trial of cognitive behavioral therapy yet; therefore, 12 psychotherapy sessions cannot be certified yet and are thus not medically necessary.

TWELVE (12) HYPNOTHERAPY 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 ODG MENTAL ILLNESS AND STRESS CHAPTER COGNITIVE THERAPY FOR DEPRESSION

Decision rationale: The Official Disability Guidelines note hypnotherapy may be highly effective for PTSD or irritable bowel syndrome (IBS), neither of which is one noted to be this patient's diagnosis. Twelve Hypnotherapy sessions are not medically necessary.

TWELVE (12) RELAXATION THERAPY SESSIONS .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 388.

Decision rationale: The MTUS notes the importance of relaxation technique counseling therapy, but this can be seamlessly combined with/certainly included in cognitive behavioral

therapy for anxiety. Separate relaxation therapy sessions are not indicated and not medically necessary.