

Case Number:	CM13-0043789		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2012
Decision Date:	02/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/31/2013

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 Illinois and Wisconsin. 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 36 year old female who has diagnoses of major depressive disorder and PTSD. The progress note dated 9/9 of last year indicates that the patient was endorsing several symptoms including anxiety, depression, irritability, decreased energy and suicidal ideation. However the BDI indicates that the patient was not endorsing suicidal ideation at the time of that visit. The score on this scale was 13, indicating mild depression and the BAI score was 3. On 10/28 the BDI score was 23 and the BAI score had increased to 16. The provider has requested certification for 12 psychotherapy sessions weekly and 6 medication management sessions monthly. This is a review of the decision not to certify the former request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Sessions of Cognitive Behavioral Psychotherapy x 12: Upheld

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

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, Cognitive Therapy for Depression

Decision rationale: There is conflicting information regarding the presence of suicidal ideation as noted at the time of the visit on 9/9. There is no indication of improvement in symptoms as the patient's BDI and BAI scores increased during the ensuing month. The patient has been in treatment since at least February of last year. ODG guidelines indicate an initial trial of 3-6 visits over the initial 3-6 weeks with a total of 13-20 visits over the next 7-20 weeks with evidence of improvement. The provider has not submitted evidence of improvement and treatment was initiated at least a year ago. Ongoing psychiatric treatment for the patient's depression (medication management) has been authorized but the requested 12 CBT sessions do not appear to be warranted based on ODG criteria.