

Case Number:	CM13-0047812		
Date Assigned:	12/27/2013	Date of Injury:	01/24/2000
Decision Date:	04/18/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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 51-year-old man with date of injury of 1/24/2000 when he sustained an injury to the lower back and left knee while lifting. He has since been diagnosed with Depressive Disorder NOS with anxiety features and Somato form Pain Disorder. A report of 9/23/2009 states that the claimant had been in "psychiatric and psychological treatment" since 6/2007 until that time. The claimant notes that the psychotropic medication that he was on at that time had been helpful in stabilizing his depressive and anxious symptoms. The frequency the psychological and psychiatric treatments are not specified. In 6/2013 he had a trial of 4 sessions of Cognitive Behavioral Therapy (CBT.) Report of 8/19/2013 notes that the patient has "depression, loss of energy, feeling slowed down, loss of interest and motivation, feelings of hopelessness, impaired concentration, memory impairment, sleep disturbance, loss of sexual interest and function diminished emotional control, episodes of uncontrollable crying, uncharacteristic irritability, social withdrawal, anxiety, anxiety-related gastrointestinal symptoms, anxiety-related headaches, fear of leaving home, unusual fearfulness, traumatic recollections, nightmares, and occasional panic attacks." The result of which has led to significant functional impairment socially and professionally. It is noted that in the recent absence of mental health treatment the patient's "psychiatric condition has deteriorated significantly" which is preventing him from both returning to employment in and of itself and preventing him from fully participating in his orthopedic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY TIMES 20 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Interventions section quotes the ODG CBT guidelines for chronic pain and says that one should consider "separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone" with an "initial trial of 3-4 psychotherapy visits over 2 weeks" and then with "evidence of objective functional improvement, total of up to 6-10 (individual session) visits over 5-6 weeks." Although some of the psychotherapy has been noted to be partially helpful the patient's improvement does not appear to be all that significant as he remains significantly depressed and anxious and functional status remains poor. The Cognitive Behavioral Psychotherapy for 20 sessions is not medically necessary and appropriate.

PSYCHOTROPIC MEDICINE CONSULT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Mental Illness & Stress, Office Visits; Stress Related Conditions Chapter and the American Psychiatric Association (APA) Practice Guideline for the treatment of patients with Major Depressive Disorder, pg.56.

Decision rationale: The MTUS/ACOEM Guidelines, 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 Official Disability Guidelines (ODG) Mental Illness & Stress chapter notes that Office visits are "recommended as determined to be medically necessary." As per the APA Guideline "continuation phase pharmacotherapy is strongly recommended following successful acute phase antidepressant therapy, with a recommended duration of continuation therapy of approximately 4-9 months ... 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, [REDACTED] there is a medical necessity for continuous medication management sessions to evaluate efficacy, side effects, and compliance. Based on the medical records provided for review the patient is taking maintenance psychotropic medication and thus ongoing psychotropic medication visits is should be continued The request as it is presented seems reasonable however the frequency of the visits is not specified (are these 20 visits going to be daily, weekly, monthly etc?) Without knowing the

requested frequency of visits this cannot be supported. The request for 20 psychotropic medicine visits is not medically necessary and appropriate.