

Case Number:	CM13-0048296		
Date Assigned:	12/27/2013	Date of Injury:	02/10/2004
Decision Date:	02/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 49 year old female who sustained an injury about 10 years ago and who has experienced residual back pain. In addition she appears to be suffering from Major Depressive Disorder and has been treated with Celexa, Lexapro and Diazepam. A BDI score from 5/13 was noted to be 39 but a subsequent score reported a month later indicates a score of 4. Apparently the patient cut wrist in September of 2013 but the details are not clear. The suicide attempt was apparently substance related. The provider is requesting 24 sessions of CBT on a weekly basis and 6 weekly medication management sessions. This has been modified to 12 weekly CBT sessions and 4 medication management sessions. This is a review for medical necessity for the requested 24 CBT sessions and 6 medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral psychotherapy x 24 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guidelines for the Treatment of Patients with Major Depressive Disorders, Third Edition, 11/1/2010, APA.

Decision rationale: APA Practice Guidelines indicate the following: " When determining the frequency of psychotherapy sessions for an individual patient, the psychiatrist should consider multiple factors, including the specific type and goals of psychotherapy, symptom severity (including suicidal ideas), co-occurring disorders, cooperation with treatment, availability of social supports, and the frequency of visits necessary to create and maintain a therapeutic relationship, ensure treatment adherence, and monitor and address depressive symptoms and suicide risk". The authorized number of visits as modified allows for frequent monitoring and therapeutic intervention for a period of three months. The provider has not provided any information indicating that an assessment of the above factors has occurred and supports the additional number of requested visits.

Medication management 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guidelines for the Treatment of Patients with Major Depressive Disorders, Third Edition, November 1 2010, APA

Decision rationale: The suicide attempt appears to have been related to substance use. No serious side effects from medications are reported. The provider has not given any indication that there is a need for intensive titration of medications over an extended time period as opposed to addressing the substance abuse issues. APA guidelines indicate that "to lower the risk of suicide, the psychiatrist should also treat modifiable risk factors, such as....substance abuse". Thus additional medication management will not address the most significant modifiable risk factor indicated and as such is not supported.