

Case Number:	CM13-0061301		
Date Assigned:	12/30/2013	Date of Injury:	08/31/1998
Decision Date:	05/07/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/04/2013

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 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 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:

This is a 50 year old male who was injured in 1998. He has been on Prozac, Wellbutrin, Risperdal, Neurontin and Xanax. In addition he has been receiving CBT. His diagnosis is major depressive disorder and recently he has been experiencing increasing agoraphobia and anxiety. It appears that the patient spent some time in the [REDACTED] Center but the details are not available for review. The provider is requesting retrospective coverage for three medication management sessions for DOS 10/4, 10/11 and 10/18/2013 and three CBT sessions for the same dates. The material submitted shows evidence for visits to the therapist on the three dates in question. The therapist indicated that medications are "as prescribed". The patient was complaining of anxiety as well as auditory hallucinations (which appeared to have already been present) at the time of the visits and the plan was for continued CBT.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT SESSIONS #3: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The patient was on psychotropic medication necessitating ongoing management. ACOEM guidelines indicate that "Follow-up by a physician can occur.....at least once a week if the patient is missing work". As such medical necessity for the requested weekly medication management symptoms would appear to be consistent with evidence based best practice standards as indicated by the ACOEM.

COGNITIVE BEHAVIORAL THERAPY SESSIONS #3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

Decision rationale: The patient was highly symptomatic during this time. MTUS indicate that "Cognitive behavioral therapy.... has been found to be particularly effective" in patients with chronic pain. As such CBT appears to have been medically necessary according to the above cited guideline and should be covered.