

Case Number:	CM13-0071018		
Date Assigned:	02/03/2014	Date of Injury:	03/24/1997
Decision Date:	06/12/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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 licensed in Psychology, and is licensed to practice in California. 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 female [REDACTED] with a date of injury of 3/24/97. The claimant sustained injury while working as an assistant D.A for the [REDACTED]. The mechanism of injury, nor the nature of the injury, could not be found within the records offered for review. In a 10/1/13 PR-2 report, [REDACTED], under [REDACTED] supervision, diagnosed the claimant with Major depression, single episode, non-psychotic, severe; and Psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT SESSIONS ONCE MONTHLY FOR 12 MONTHS:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary, updated 5/13/2013.

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 Chapter.

Decision rationale: The CA MTUS does not address the use of medication management sessions for the treatment of mental health conditions, therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological and psychiatric services for quite some time. In the most recent progress note from [REDACTED], dated 12/10/13, the claimant scored an "8" on the BDI and a "4" on the BAI. Her depression and anxiety were listed as "subclinical" and her "mood significantly stabilized on current regimen." It appears that the current medication regimen is helping as evidenced by the current BDI and BAI scores. The ODG indicates that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment." With this in mind, the request for medication management sessions once monthly for 12 months appears excessive as it does not offer a reasonable period of time for reassessment. As a result, the request for medication management sessions once monthly for 12 months is not medically necessary. It is noted that the claimant received a modified authorization for medication management visits 1 x per month for 6 months in response to this request.

COGNITIVE BEHAVIORAL PSYCHOTHERAPY ONE A WEEK FOR 24 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress, Procedure Summary, last updated 05/13/2013, Psychotherapy Guidelines; as well as Am J Psychiatry 2000 Apr; 157(4 Suppl): 1-45.

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 Chapter; as well as The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pg. 58).

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression and the AMA Guideline on the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Final Determination Letter for IMR Case Number [REDACTED] In a progress note dated 12/10/13, the claimant scored an "8" on the BDI and a "4" on the BAI. Her depression and anxiety were listed as "subclinical" and her "mood significantly stabilized on current regimen." Based on this most recent information, the claimant appears to be stabilized. The ODG emphasizes the need for objective functional improvement in order to obtain additional sessions in acute cases. Although the ODG is not completely applicable in this case given the chronic nature of the claimant's condition, observing progress and some objective functional improvements from services is important in determining the need for ongoing services. In this case, the claimant has been able to demonstrate some improvements given the

decrease in her assessment scores, which would facilitate a potential need for further services. However, the AMA treatment guidelines indicate that "for CBT and IPT, maintenance-phase treatments usually involve a decreased frequency of visits (e.g. once a month). The duration of the maintenance phase will vary depending on the frequency and severity of prior major depressive episodes, the tolerability of treatments, and patient preferences." Given the Patient's current stability despite the potential need for some additional sessions, the request for cognitive behavioral psychotherapy one a week for 24 weeks appears excessive and not representative of maintenance phase treatment. As a result, the request for cognitive behavioral psychotherapy one a week for 24 weeks is not medically necessary. It is noted that the claimant received a modified authorization for CBT 1X/monthly for 24 weeks in response to this request.