

Case Number:	CM14-0001445		
Date Assigned:	01/22/2014	Date of Injury:	06/30/2012
Decision Date:	06/10/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	01/03/2014

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:

The patient is a 32 year old female who was injured in June of 2012. She allegedly was being harassed by her co workers. She has had complaints of headache, dizziness, excessive sleeping, fatigue irritability, and difficulty concentrating. She was initially diagnosed with PTSD but that diagnosis was removed in March of last year. Her most recent diagnosis is major depression. She has been on Zoloft and Ativan. The provider has requested coverage for 12 monthly CBT sessions and 12 monthly medication management sessions. The request was modified to 4 CBT sessions because the previous reviewer felt that 12 sessions seemed excessive and 6 medication management sessions. This is an independent review for medical necessity for 12 CBT sessions and 12 medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE:PRACTICE GUIDELINE FOR THE TREATMENT OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER, THIRD EDITION, APA, OCTOBER 1ST, 2010

Decision rationale: MTUS and ACOEM are silent in regards to the number of therapy sessions for this particular condition. However it appears that the patient has been in treatment for some time and it is not clear that she is significantly below her baseline. The records note that she has been receiving therapy although the number of sessions is not noted. The psychological report dated 11/13 indicates a need for ongoing therapy which has been partially approved by the previous reviewer. There is no indication that 12 sessions are necessary, particularly on a monthly basis. The request is non certified.

MEDICATION MANAGEMENT VISITS ONCE A MONTH FOR 12 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: PRACTICE GUIDELINE FOR THE TREATMENT OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER, THIRD EDITION, APA, OCTOBER 1ST, 2010.

Decision rationale: MTUS and ACOEM are silent in regards to the number of sessions. The patient is in need of ongoing medication management and the previous reviewer approved 6 months. There is insufficient data to warrant overturning the previous decision to authorize 6 additional months of treatment. The request is non certified.