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| Case Number: | CM14-0006446 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 11/23/2010 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 01/16/2014 |

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 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 injured worker reported a date of injury of 11/23/2010. Date of UR decision was 12/12/2013. Report from 1/6/2014 states that the injured worker has continued severe depression and anxiety with subjective complaints of anxiety, depression, diminished energy, impaired concentration/memory, periods of crying, sleep disturbance, social withdrawal, suicidal ideations but denies intent or plan. BDI score of 44 and BAI score of 43. The psychotropic medication being prescribed for the injured worker at that visit was cymbalta 20mg. Low dose was prescribed as injured worker was noted to be "sensitive to medications and their effects". Report from 6/1/2013 lists diagnosis of Major Depressive Disorder, single episode, moderate in partial remission.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY (ONCE WEEKLY INDIVIDUAL THERAPY PLUS ONCE WEEKLY GROUP THERAPY FOR ONE YEAR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (Odg) Stress And Mental Illness Chapter, Cognitive Therapy For Depression

Decision rationale: The request for once a week CBT and once a week group psychotherapy for one year is excessive. The guidelines documented above suggests up to 13-20 visits. The request for cognitive behavior therapy (once weekly individual therapy plus once weekly group therapy for one year) is excessive and is not medically necessary and appropriate.

MEDICATION MANAGEMENT (ONCE EVERY FOUR WEEKS FOR ONE YEAR):

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (Odg) Mental
Illness, Office Visits Stress Related Conditions.

Decision rationale: There is no clinical indication for once a month medication management once every 4 weeks for one year. There is no justification regarding why such frequent follow up medication management visits are needed even though the injured worker is on very low dose medications which do not require close monitoring. Therefore, the request for medication management (once every 4 weeks for one year) is not medically necessary and appropriate.