

Case Number:	CM14-0016790		
Date Assigned:	04/16/2014	Date of Injury:	08/29/1989
Decision Date:	05/28/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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:

Injured is a 60 year old male with date of injury 8/29/89. Date of UR decision was 1/31/2014. IW was injured in an industrial-related incident. Per PR-2 dated 1/24/14, the IW has been diagnosed with Posttraumatic Stress Disorder, Chronic; Major Depression, Recurrent; Generalized Anxiety Disorder, with mood/affect noted as "frustrated" due inability to lose weight. IW has been recommended to permanently remain off work. IW has been treated with Psychotropic medications including: Ambien, Valium, and Deplin. IW has been treated with a Gym Membership to assist with weight reduction, in addition to CBT sessions dating back to 5/23/07 at 1x/month. Per objective findings of last Primary Treating Physician's progress note, dated 1/24/14 IW has "increased agitation and dysphoria" and "very upset about denial of gym" IW stated, "It was best treatment I ever did". Primary Treating Physician recommends continued CBT at 1x/month as P.T.P. and medication monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUE COGNITIVE BEHAVIORAL THERAPY (CBT) 1 TIME PER MONTH OVER 6 MONTHS AS PTP: 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 Official Disability Guidelines (ODG) Mental Illness And Stress, Cognitive Therapy For Depression.

Decision rationale: ODG guidelines state "Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). ODG Psychotherapy Guidelines: Up to 13 - 20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The submitted documentation reveals that the IW has received CBT sessions at 1x/month dating back to 5/23/07. ODG guidelines recommend up to 50 sessions for severe depression, in which IW has reached. Thus, (CBT) 1 time per month over 6 months as PTP is not medically necessary and cannot be affirmed at this time.

MONITOR MEDICATION EFFECTS: 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 Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible" The request does not specify the number of medication monitoring visits required the goals of treatment etc. Additional information is required to affirm medical necessity.