

<b>Case Number:</b>	CM14-0123968		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/30/1998
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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:

This is a 52-year-old male who has not worked since 1998 due to an injury sustained in July of that year. Evidently, he has been in treatment since May of last year with a diagnosis of Major Depressive disorder, which according to his provider has improved at least 70 per cent as of 8/2 of this year. Medications include Cymbalta 90 mg daily, Wellbutrin 300 mg daily, mirtazepine 30 mg daily and Nuvigil 75-150 mg daily as needed for drowsiness. Evidently, he has been in monthly psychiatric treatment. Coverage for 6 40 minute outpatient psychiatric visits on a monthly basis has been requested and denied by the previous reviewed due to lack of medical necessity. This is an independent review for medical necessity for the requested 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psychiatric visits, 40 minutes, once monthly times six months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

**Decision rationale:** ACOEM Practice Guidelines indicates visits "at least weekly" in patients who have not yet returned to work, as is the case in this instance. However, the level of complexity of visits is not addressed in the ACOEM, State of California MTUS and ODG, any other applicable evidence based guidelines, or peer reviewed literature. Current generally accepted standards of medical practice indicate that complexity of visits should be related to the patient's condition. That is to say that a higher level of complexity would be required in patients who are unstable and require detailed assessment and intervention. In this case, there have been no medication adjustments or appreciable change in the patient's condition since February. While still symptomatic, the provider indicates that the patient's symptoms have improved by "at least 70 per cent" since the initiation of treatment. While the frequency of visits conforms to the standards set forth in the ACOEM, the requested CPT code, 99215, does not appear to be indicated based on the clinical information that by 8/2, the date of the most recently documented visit, the patient had stabilized. Hence, it appears that the patient could be managed with a taper in the frequency and/or length of visits. While monthly visits appear to be consistent with protocols set forth in the ACOEM, the data reviewed in sum fail to establish medical necessity for 6 40 minute outpatient psychiatric visits according to current best practice standards and expert consensus. Therefore, the request is not medically necessary.