

Case Number:	CM14-0134400		
Date Assigned:	08/27/2014	Date of Injury:	11/26/2002
Decision Date:	09/18/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 52 year old male who was injured in November of 2002. The patient has a psychiatric diagnosis of Major Depressive Disorder, single Episode, Severe without Psychosis. The records indicate he has received at least 10 therapy sessions and according to a letter from his provider dated 8/27 of this year, his condition is worsening. In addition to the therapy it appears that he has been variously treated with Wellbutrin, Cymbalta and trazodone. The provider has requested coverage for an additional 8 therapy sessions over a 4 month period. The request has been denied. This is an independent review of medical necessity for 8 psychotherapy sessions, twice monthly times 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2x mos x 4 ms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: From the diagnostic standpoint the patient's depression has been variously noted to be moderate and severe. Assuming, the latter ODG recommend up to 50 sessions with evidence of improvement. The data reviewed indicate that the patient has had at least 10 sessions but there is no indication in the records that he has improved. In fact his condition appears to have worsened in the face of continued therapy. There is thus no indication that psychotherapy has been or is likely to be effective in ameliorating the patient's condition. As such, the requested 8 additional sessions are not supported by the evidence based Official Disability Guidelines and should not be considered as medically necessary.