

Case Number:	CM14-0152069		
Date Assigned:	09/22/2014	Date of Injury:	11/21/2008
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 Adult 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 patient is a 50 year old gentleman who was injured in November of 2008. The patient has seen a therapist for a total of 11 of 12 authorized sessions for a psychiatric diagnosis of Major Depressive Disorder, Single Episode, Moderate. At the time of the last documented session on 9/2 of this year, the patient apparently was improved and a psychiatric consultation was recommended for the purpose of medication management. The therapist is requesting coverage for an additional 12 sessions. The request was denied by the previous reviewer based on lack of medical necessity. This is an independent review of the previous decision to deny coverage for 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter, ODG Psychotherapy Guidelines

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, Summary of Medical Evidence

Decision rationale: The requested treatment appears to be related to a diagnosis of Major Depression and the MTUS and ACOEM are silent in regards to this diagnosis. However the ODG indicates up to 13-20 visits over 7-20 weeks with up to 50 visits in instances where the presence of severe depression or Post-traumatic stress disorder (PTSD) is noted. The provider has indicated that the patient has moderate as opposed to severe depression and there is no indication of a comorbid diagnosis of PTSD. The request for coverage for 24 sessions in total exceeds the maximum recommended by the evidence based ODG for patients such as this. As such the request for 12 additional psychotherapy sessions should be considered as not being medically necessary according to the above cited reference.