

<b>Case Number:</b>	CM14-0026714		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/08/1998
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Texas. 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 is a 66 year old female who sustained an injury in 1998. Thereafter the patient was also treated for depression by a psychiatrist. Her pain and depression persisted, lacking any psychosis or suicidal ideations. With a stable psychiatric state and progress with psychotherapy and medications, a request was made for ongoing psychotherapy. The request was for medication management as well as psychotherapy on a monthly basis, six treatments for the next six months. In the earlier review the request to certify medication management and psychotherapy was partially certified and modified to sessions every six weeks for four sessions over six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT AS WELL AS PSYCHOTHERAPY ON A MONTHLY BASIS, SIX TREATMENTS FOR THE NEXT SIX MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS, OFFICE VISITS, AND ACOEM PRACTICE GUIDELINES, FOLLOW UP VISITS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-405.

**Decision rationale:** Frequency of follow-up visits for depression should be determined by the severity of symptoms, whether the injured worker was referred for further testing and/or psychotherapy, and whether the injured worker is missing work. These visits allow the treating physician and the injured worker to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the injured workers supports and positive coping mechanisms. The provided history indicates adequate management of her mental health needs with visits less frequently than monthly. In the past, the injured worker has been seen every six weeks. As her condition is at least stable, if not improving, with this frequency, medication management and psychotherapy should still be adequately delivered at the modified frequency of every six weeks and the request for six treatments for the next six months is not medically necessary.