

Case Number:	CM14-0029589		
Date Assigned:	05/02/2014	Date of Injury:	04/24/2011
Decision Date:	07/08/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/23/2014

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 50 year old female who was injured in April of 2011. The patient has been diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder. Evidently she has been treated with medications in the past by her PCP, the details of which are not known. The provider has requested CBT weekly for 12 weeks and a psychiatric evaluation and follow up visits monthly for 6-8 months. Coverage for the requested treatment has been modified to 4 CBT visits , a psychiatric evaluation and one follow up visit. This report represents an independent review of the previous determination to deny coverage for 12 weekly CBT visits and a psychiatric evaluation and 6-8 monthly follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY INDIVIDUAL PSYCHOTHERAPY 1 X WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2-Pain Interventions and Treatments Page(s): 23.

Decision rationale: According to the above, guideline Cognitive-Behavioral Therapy (CBT) is indicated for the patient's condition. However the records indicate that she has had CBT in the past and the above guideline indicates 4 sessions over two weeks with additional sessions based on improvement. The requested treatment is outside these parameters and thus is not considered as medically necessary according to the California State MTUS.

PSYCHIATRIC EVALUATION AND MONTHLY FOLLOW UP VISITS X 6-8 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The above cited reference recommends that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. The diagnosis was moderate, as opposed to severe depression and it is not known how long the patient has had symptoms. She has been treated by her Primary Care Physician (PCP) in the past for this condition and the outcome is not clear. Medical necessity for the request is not established therefore as it is not certain that the patient's depressive symptoms are of sufficient severity that they could not be managed successfully by her primary care physician.