MAXIMUS Federal Services

Case Number:	CM14-0035634		
Date Assigned:	06/23/2014	Date of Injury:	11/29/2011
Decision Date:	07/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 54 year old female who was injured in November of 2011. She has since been troubled with residual back pain. She has apparently received psychotherapy in the past and last fall was authorized for another course of therapy. She has had marital problems and Prozac has been prescribed but there have been compliance issues. The patient has been paranoid, evidently reporting that her neighbors are talking about her in a derogatory way. Diagnoses include Major Depressive Disorder and EtOH (Ethanol) Abuse. The provider has requested coverage for IOP which has been denied. This is an independent review for 12 2.5 hour IOP (Intensive Out patient Psychiatric) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intensive Outpatient Psychiatric treatment program 2.5 hours each Qty: 12: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Psychological Treatment and Cognitive Behavioral Therapy (CBT) Page(s): 23,101-102. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Practice Guideline for the Treatment of Patients with Major Depressive Disorders,, Third Edition, APA, 11/1/2011.

Decision rationale: ACOEM and MTUS guidelines are silent in regards to this level of care as are the ODG. The patient appears to be at an impasse in her treatment as evidenced by lack of progress despite medication changes and psychotherapy. The above cited guidelines do not specifically address this level of care but they do indicate that patients with Major Depressive Disorder should be managed in the least restrictive level of care which is likely to be safe and effective. While there is no evidence that the patient's safety is at risk, it appears that the outpatient level of care is not likely to be effective. Hence the requested 12 2.5 hour IOP (Intensive Out patient Psychiatric) sessions appear to be medically necessary according to current clinical research, evidence based practice standards and expert consensus as set forth in the APA Practice Guidelines due to the apparent lack of efficacy of outpatient medication management and psychotherapy. Therefore, the request for Intensive Outpatient Psychiatric treatment program 2.5 hours each, Quantity 12 is medically necessary and appropriate.