MAXIMUS Federal Services

Case Number:	CM14-0041274		
Date Assigned:	06/20/2014	Date of Injury:	09/17/2012
Decision Date:	07/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 59 year old male who sustained an injury in Setptember of 2012 having slipped and struck his head. He has diagnoses of TBI, Cognitive Disorder NOS, and Major Depressive Disorder. He has complained of anger, depression, anhedonia and EtOH abuse. BDI scores have been reported on an ongoing basis and have varied from 22 to 29. He has been on Ativan, Librium and Valium as well as Lexapro and Wellbutrin. He has been in treatment since last summer. He has been in ongoing psychotherapy along with medicaiton management. The provider is requesting coverage for 6 medication management sessions over 24 weeks as well as 16 psychotherapy sessions over 2 months. The request has been modified to 3 medication management sessions and 8 psychotherapy sessions. This a review for medical necessity for the orignal request for 16 psychotherapy sessions over two months and 6 medication management sessions over 24 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions every 4 weeks for 24 weeks (sessions) Quantity: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specialty evaluation and treatment Page(s): 89, 100-127.

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 Disorder, Third Edition, APA, October 1st, 2010.

Decision rationale: According to the APA practice guidelines the goal of treatment "should be aimed at inducing remission of the major depressive episode and achieving a full return to the patient's baseline level of functioning". While the patient has been in treatment for over a year with minimal progress, it is not yet clear that continued and perhaps more aggressive medication management would not be able to significantly improve his symptoms or induce a complete remission. As such 6 continued monthly medication management sessions over s 24 week period appear to be warranted as it is too early to assume that the patient has benefitted maximally from antidepressant therapy.

Psychotherapy sessions 2 times a week for 2 months Quantity: 16.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress, Cognitive Therapy for Depression.

Decision rationale: At leasst 30 sessions have been approved to date. The ODG recommends up to 13-20 visits over 7-20 weeks and allows for up to 50 sessions for severe depression if progress is being made. The most recent BDI score of 27, reported in February of this year does not indicate that the patient has made significant progress As such the request for 16 additional psychotherapy sessions does not appear to be warranted according to the above cited guidelines.