

Case Number:	CM14-0057642		
Date Assigned:	07/09/2014	Date of Injury:	10/18/2011
Decision Date:	11/26/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 37 year old Hispanic gentleman who was injured in October of 2011. He has had trouble with angry outbursts, irritability and isolative behavior. He is diagnosed with Major Depressive Disorder. The patient is currently on Lamictal 100 mg daily. On 1/12 of this year the provider indicated a plan for 12 CBT group sessions and 12 hypnotherapy sessions. On February 28th the progress report indicates a plan for 6 additional CBT sessions and 6 relaxation training sessions. A progress report from 4/11 indicated a plan for 12 hypnotherapy sessions and 12 additional CBT sessions. A progress report from 5/23 indicated a plan for 6 additional hypnotherapy sessions and 6 additional CBT sessions. The provider is requesting coverage for an additional 6 CBT Sessions, 6 relaxation training sessions and an office visit. The request was denied. This is an independent review for medical necessity for 6 weekly CBT group therapy sessions, 6 weekly relaxation training sessions and an office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral group psychotherapy one (1) session per week over six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 patient's diagnosis is indicated as Major Depressive Disorder, moderate. The ODG recommend 13-20 sessions with up to 50 sessions for severe depression or PTSD. A diagnosis of PTSD was not recorded and while it is not known how many therapy sessions have been authorized or attended, the planned number exceeds the recommended amount according to the progress reports submitted. As such medical necessity for the requested 6 CBT sessions cannot be established according to the evidence based guideline cited above.

Relaxation training one (1) session per week over six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: As noted above, the ODG recommend a total of 13-20 therapy sessions in patients such as this. It is not clear if the request is for relaxation training or hypnotherapy as the records appear to indicate that the patient has been getting hypnotherapy/relaxation training on an ongoing basis. The ODG recommend hypnotherapy but indicate that the number of sessions should be counted as psychotherapy sessions. As noted above the number of therapy sessions planned far exceeds the maximum recommended by the ODG for this patient's condition. As such the requested 6 sessions cannot be considered as medically necessary according to the data submitted for review.

Office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 ODG indicate office visits for the patient's condition "as determined to be medically necessary." The patient appears to have been on psychotropic medications on an ongoing basis and continued visits would be indicated as an integral part of medication monitoring. As such the requested office visit appears to be medically necessary according to the evidence based guideline cited above.