

Case Number:	CM14-0206877		
Date Assigned:	12/18/2014	Date of Injury:	03/04/1999
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/10/2014

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 Psychiatrist (MD) and is licensed to practice in Illinois. 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 55 year old female who was injured in March of 1999. Very little clinical information is available for review. A PR-2 dated 5/12 of last year indicates a diagnosis of Bipolar Disorder, Most Recent Episode Manic. Medications included Lamictal 200 mg daily, Lorazepam 2 mg at hs and Alprazolam 0.5 mg QID. At the time of the documented visit, Zyprexa 5-10 mg prn "for manic symptoms" was added. A UDS from February of last year was positive for hydrocodone and acetaminophen. No other clinical information was submitted. Evidently the provider is requesting coverage for 6 psychotherapy visits every two months for a year. This is a review for medical necessity for the above request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 6 visits every 2 months for a year: 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: ACOEM and the State of California MTUS are silent on bipolar disorder. Although bipolar disorder per se is not addressed by the Official Disability Guidelines, psychotherapy is recommended for patients with stress-related conditions with a maximum of 13-20 visits if progress is being made, with up to 50 visits in cases of severe depression or PTSD, again if progress is being made. The request as stated is for a total of 36 sessions over the course of the year. There is no information on previous psychotherapy attempts if any. The patient has a severe psychiatric condition for which psychotherapy appears to be indicated but the request as stated appears excessive in the context of the ODG recommendations and does not allow for monitoring for ongoing progress. As such, the request for 6 psychotherapy visits every two months for a year is not considered medically necessary according to the cited evidence based reference.