

Case Number:	CM14-0096854		
Date Assigned:	07/28/2014	Date of Injury:	06/09/2010
Decision Date:	01/13/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/25/2014

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. 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 65 year old female who was injured in June 2010. She is diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder and is being treated with Fluoxetine and Lorazepam. It appears that she was being seen monthly. The MD note from 5/13/2014 indicates a plan to increase the dose of Fluoxetine to 60 mg daily and the Ativan to 1 mg BID. The MD note from 6/4 indicates that the patient self-tapered the Fluoxetine dose from 60 mg to 40 mg daily with a concomitant increase in her depression. The patient had had difficulty tolerating medications and had complaints of nausea. The provider is requesting coverage for the psychiatric sessions for dates of service 5/13/2014 and 6/4/2014 as well as an additional 10 visits over the course of the next 13 months. The request was denied by the previous reviewer due to lack of medical necessity. This is an independent review of the previous denial of coverage for psychiatric sessions for dates of service 5/13/2014 and 6/4/2014 as well as 10 additional visits over the next 13 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Psychiatric sessions (DOS: 05/13/14 and 06/04/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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 documentation submitted indicates that the patient had 16 prior sessions authorized in 2013. It is not clear what progress had been made during this time. The Official Disability Guidelines recommend up to 13-20 sessions with evidence that progress is being made. The data reviewed do not indicate that the patient progressed or benefitted from the prior course of therapy. The medical records reviewed fail to indicate medical necessity for psychotherapy according to the evidence based Official Disability Guidelines. Therefore, this request is not medically necessary.

Psychiatric sessions 10 sessions over the course of the next 13 months and then reassess:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

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 Official Disability Guidelines recommend office visits as medically necessary. The medical records reviewed indicate that the patient was not stable and was in need of ongoing medication management. However, it is not clear that she would continue to require monthly visits for the better part of the year. The request for 10 sessions does not allow for ongoing monitoring for progress and continued need for frequent medication management. As such, the request for 10 additional sessions is not supported by the cited evidence based guidelines. Therefore, this request is not medically necessary.