

Case Number:	CM15-0188425		
Date Assigned:	09/30/2015	Date of Injury:	06/09/2013
Decision Date:	11/16/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 injured worker is a 49 year old female who sustained an industrial injury on 06/09/2013 involving reported violence and workplace stress. She is undergoing treatment for multiple orthopedic problems, chronic major depressive disorder, PTSD, and anxiety. She is currently not working. On 04/11/2015, she was admitted to the ICU after overdosing on 40-45 Xanax and Seroquel. She was then placed on a 5150 for danger to self. She had experienced increased anxiety and felt overwhelmed due to her chronic back pain. On 08/14/2015, she was again hospitalized for severe depression and active suicidal ideation with plan. Because she had been unable to get her medications she was off of them. She had lack of energy, motivation, depressed mood, feelings of hopelessness, and helplessness. She attended group meetings and stabilized. Lexapro 10mg QAM was restarted along with Xanax 0.5mg TID and Ambien 10mg at HS. On 08/16/2015 she was denied feeling suicidal and was discharged. Treatment to date has included medications, physical therapy and psychiatric assessments. Current medications include Lexapro. The current treatment requests include individual cognitive behavior therapy sessions-one year of weekly cognitive behavior therapy sessions, psychotropic psychopharmacology evaluation and one year of follow-up appointments. UR of 08/31/2015 modified the request for the individual cognitive behavior therapy sessions to a trial of 6 sessions weekly, and psychotropic psychopharmacology evaluation and 3 months of follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy session 1 year of weekly CBT sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive Therapy for Depression.

Decision rationale: The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. Maintenance CBT to prevent recurrent depression is most effective in patients at highest risk for relapse, defined as those with 5 or more previous depressive episodes. ODG guidelines recommend up to 50 sessions if progress is being made in cases of severe MDD or PTSD. UR of 08/31/15 modified this request to a trial of six sessions. No documentation was provided to show if these sessions have been utilized. As such this request is not medically necessary.

Psychotropic medication - Psychopharmacology evaluation and 1 year of follow up appointments: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 & Stress, Office Visits.

Decision rationale: Office visits are recommended. The frequency and number should be individualized based on the patient's clinical situation stability, current medications, reasonable physician judgment, and current condition. The patient suffers from chronic major depression with PTSD and has a history of two psychiatric hospitalizations. UR of 08/31/15 has modified this request to three follow up visits. There was no documentation provided to show that these have been exhausted. This request is therefore not medically necessary.