

<b>Case Number:</b>	CM15-0206693		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: 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 50 year old female who sustained an industrial injury on 8-23-10. The injured worker reported symptoms of anxiety, depression and insomnia. A review of the medical records indicates that the injured worker is undergoing treatments for major depressive disorder, anxiety disorder and insomnia. Provider documentation dated 7-7-15 noted the work status as temporary totally disabled. Treatment has included psychiatric medication consultation, Prozac since at least July of 2015, Klonopin since at least July of 2015, Trazodone since at least July of 2015, Effexor since at least July of 2015, and Venlafaxine. Objective findings dated 9-25-15 were notable for "hopelessness", "depressed and anxious dysphoric". The original utilization review (9-24-15) denied a request for Medication monitoring, one with a board certified psychologist and Individual CBT psychotherapy; 3 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication monitoring, one with a board certified psychologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with major depressive disorder, anxiety disorder and insomnia. The psychotropic medications so far have included Klonopin, Venlafaxine, Prozac and Trazodone. The most recent progress report dated 9-25-15 documented findings of hopelessness, depression, anxiety and dysphoria. It has been noted that she was recently authorized for a medication management visit which has not been completed. Also, a board certified psychologist is not licensed to provide medication management. Thus, the request is not medically necessary.

**Individual CBT psychotherapy; 3 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness / Cognitive therapy for depression.

**Decision rationale:** MTUS is silent regarding this issue ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has been diagnosed with major depressive disorder, anxiety disorder and insomnia. The injured worker continues to experience symptoms of depression, anxiety and hopelessness. The request for individual CBT psychotherapy; 3 sessions is medically necessary, Will respectfully disagree with UR physician's decision.