

Case Number:	CM13-0003431		
Date Assigned:	12/27/2013	Date of Injury:	04/11/2011
Decision Date:	06/17/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/25/2013

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 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:

The patient is a 43 year old male who injured his back in April of 2011. He was seen by a psychiatrist in May of last year and was diagnosed with Depressive Disorder NOS. His GAF score at that time was reported as 60. He had been on Xanax in the past which he reportedly took very occasionally. The psychiatrist recommended cognitive behavioral therapy as well as psychotropic medication but did not specify what medication was recommended or the specific indication for medication. The number or frequency of requested visits are not known. Coverage for the requested follow up treatment has been denied, presumably do to insufficient information. This represents an independent review of the previous determination to deny coverage for psychiatric/psychological treatment including psychotropic medication and CBT.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PSYCHIATRIC/PSYCHOLOGICAL TREATMENT TO INCLUDE PSYCHOTROPIC MEDICATION MANAGEMENT AND COGNITIVE BEHAVIORAL THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Section 2-Pain Interventions and Treatments Page(s).

Decision rationale: ACOEM guidelines indicate that "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities" and "that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks." MTUS indicate an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. There is no indication in the records provided that there is a serious psychiatric condition or that the symptoms have persisted for more than 6-8 weeks and the requested CBT is not within the guidelines set forth in the MTUS. The specifics of medications to be prescribed or their indications are not known and the above request is not specific in terms of number or frequency of visits. As such medical necessity for the requested treatment is not established.