

<b>Case Number:</b>	CM14-0168149		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	09/23/2009
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 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:

This is a 62 year old male who has a history of Major Depressive Disorder and PTSD. He has been receiving supportive therapy since 2002. Evidently he endorses symptoms of depression, anhedonia, and low energy. He suffers from chronic pain in addition to the above. Current medications include Cymbalta 60 mg daily, Wellbutrin 300 mg daily, and Gabapentin 100 mg at bedtime. The provider has requested coverage for medication management sessions and individual therapy every 4-6 weeks for a year. The request has been denied due to lack of medical necessity. This is an independent review of the previous decision to deny coverage for medication management and psychotherapy sessions every 4-6 weeks for a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication Management and Individual Therapy, 44-55 min, 4-6 weeks for 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress, Office visits Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

**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 above cited guidelines indicate psychotherapy with up to 13-20 visits over 7-20 weeks if progress is being made. While it is not clear how many sessions the patient has attended, it is clear that the number far exceeds that recommended by the ODG for routine cases. The guideline does allow for up to 50 sessions if progress is being made in cases of severe Major Depression or PTSD. In this particular instance the patient has a diagnosis of moderate, as opposed to severe, depression. It is likely that he has attended more than 50 sessions if he has been in treatment for over a decade and it is not clear from the limited information available for review that progress is being made. The data reviewed in sum fail to indicate medical necessity for the requested individual therapy and medication management sessions every 4-6 weeks for 1 year according to the evidence based Official Disability Guidelines.