

Case Number:	CM14-0179947		
Date Assigned:	11/04/2014	Date of Injury:	08/16/2013
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/29/2014

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 49 year old female who was injured in August of 2013. At that time she fell from a ladder and broke her hip. She apparently has been in psychotherapy at least since August of this year and has been on Ambien as well. Additional medications include Ativan, Paxil, and Klonopin. A somewhat brief psychotherapy note dated October 20th of this year indicates a diagnosis of Major Depressive Disorder, Recurrent, severe without Psychosis and indicates that the patient is still depressed and angry. On 11/3, she was noted to be depressed and anxious but showing improved affect. Coverage has been sought for 6 sessions of Cognitive Behavioral Therapy and psychotropic medication management. The previous reviewer denied the request due to lack of medical necessity. This is an independent determination of the request for coverage for 6 CBT sessions and psychotropic medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of Cognitive Behavioral Therapy (CBT): 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), Head Chapter, Cognitive Training Sub-Chapter.

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: ODG indicate up to 13 to 20 sessions if progress is being made. The patient has had 5-6 psychotherapy sessions. The notes are somewhat vague and objective criteria for improvement and therapeutic goals are not clear. Overall the notes do not reflect clear evidence that the patient has responded to the interventions. The most recent note, indicating only that the patient has shown improved affect does not contain sufficient detail to indicate that progress has been made during the course of therapy. As such medical necessity is not established according to the above cited evidence based guideline. The request is not medically necessary.

Psychotropic Medication Management: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Psychological testing done in June indicates that the patient was symptomatic at that time. The provider's note dated 9/16 reported her depression and anxiety to be severe. ACOEM recommends specialty referral if the patient's symptoms have persisted over 6-8 weeks. The preponderance of evidence in the chart indicates that this is the case. The patient has significant psychiatric complaints which have persisted in the face of both medical (she is on 2-3 different psychotropic medications) and nonmedical interventions (psychotherapy) and as such specialty referral is clearly indicated based on both the above cited evidence based guidelines and the patient's clinical status as documented in the medical records. The request is medically necessary.