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| Case Number: | CM13-0006773 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 06/03/2012 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 07/30/2013 |
| Priority: | Standard | Application Received: | 08/05/2013 |

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 Neurology and is licensed to practice in California. 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:

According to the records made available for review, this is a 36-year-old female with a 6/3/12 date of injury. At the time (7/30/13) of request for authorization for cognitive behavioral therapy (CBT) (Post Traumatic Stress Disorder, Major Depression(1 x 24), group therapy twice monthly for 24 weeks (Post Traumatic Stress Disorder, Major Depression) (2x/6), and medication management once every 4 wks for 24 wks (Post Traumatic Stress Disorder, Major Depression) (1x6), there is documentation of subjective (symptoms of posttraumatic stress disorder and depression, anxiety, exaggerated startle response, phobic avoidance of situations that rekindle memories of traumatic event, preoccupation with the industrial stressors leading to the illness, low self-esteem, and periods of crying) and objective (anxiety, depression, and tearfulness; Beck Depression Inventory score 14, Beck Anxiety Inventory 4) findings, current diagnoses (Posttraumatic Stress Disorder and Major Depression), and treatment to date (activity modification and psychotherapy (reported has helpful). 7/8/13 medical report identified the claimant is not currently taking medications. Regarding the requested cognitive behavioral therapy (CBT) (Post Traumatic Stress Disorder, Major Depression(1 x 24) and group therapy twice monthly for 24 weeks (Post Traumatic Stress Disorder, Major Depression) (2x/6), the number of psychotherapy visits provided to date cannot be determined. Regarding the requested medication management once every 4 wks for 24 wks (Post Traumatic Stress Disorder, Major Depression) (1x6), there is no rationale for providing more than an initial evaluation and limited follow-up visits for medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY (CBT) (POST TRAUMATIC STRESS DISORDER, MAJOR DEPRESSION) (1 X 24): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Cognitive Therapy for Depression, Cognitive Therapy for PTSD.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). ODG support cognitive therapy for depression and PTSD. Additionally, ODG supports up to 50 sessions in cases of severe Major Depression or PTSD. Within the medical information available for review, there is documentation of Posttraumatic Stress Disorder and Major Depression. In addition, there is documentation of previous psychotherapy reported as being helpful. However, the number of psychotherapy visits provided to date cannot be determined. Therefore, based on guidelines and a review of the evidence, the request for cognitive behavioral therapy (CBT) (Post Traumatic Stress Disorder, Major Depression (1 x 24), is not medically necessary.

GROUP THERAPY TWICE MONTHLY FOR 24 WEEKS 9POST TRAUMATIC STRESS DISORDER, MAJOR DEPRESSION) (2 X/6): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Page(s): 23. Decision based on Non-MTUS Citation Cognitive Therapy for Depression, Cognitive Therapy for PTSD.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). ODG support cognitive therapy for depression and PTSD. Additionally, ODG support up to 50 sessions in cases of severe Major Depression or PTSD. Within the medical information available for review, there is documentation of Posttraumatic Stress Disorder and Major Depression. In addition, there is documentation of previous psychotherapy reported as being helpful. However, the number of psychotherapy visits provided to date cannot be determined. Therefore, based on guidelines and a review of the evidence, the request for group therapy twice monthly for 24 weeks (Post Traumatic Stress Disorder, Major Depression) (2x/6), is not medically necessary

MEDICATION MANAGEMENT ONCE EVERY 4 WKS FOR 24 WKS (POST TRAUMATIC STRESS DISORDER, MAJOR DEPRESSION) (1 X 6): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Mental & Stress, Office visits.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. ODG identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker; and that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of Posttraumatic Stress Disorder and Major Depression. However, given documentation that the patient is currently not on any psychotropic medication, there is no rationale for providing more than an initial evaluation and limited follow-up visits for medication management. Therefore, based on guidelines and a review of the evidence, the request for medication management once every 4 wks for 24 wks (Post Traumatic Stress Disorder, Major Depression) (1x6) is not medically necessary.