

<b>Case Number:</b>	CM13-0068025		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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:

The injured worker is a 46 year old female with date of injury 4/20/2006. Date of the UR decision was 12/17/2013. Psychiatric progress report dated 12/5/2013 suggested that she continues to experience frequent middle insomnia, depressed mood with anhedonia, loss of libido, impaired concentration and memory, decreased appetite, poor self esteem, guilt feelings, lack of energy, irritability, anxiety with somatic and visceral symptoms. It was suggested that the injured worker has started CBT group therapy for insomnia and has attended 2 sessions so far until 12/5/2013. Diagnosis of Major Depressive Disorder, single episode, moderate was given per the assessment. Psychotropic medications prescribed for the injured worker per that report were continuation of Effexor XR 150 mg daily and increase in Trazodone to 200 mg nightly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **WEEKLY SESSIONS OF GROUP COGNITIVE BEHAVIORAL PSYCHOTHERAPY FOR INSOMNIA #6: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The injured worker is a 46 year old female with date of injury 4/20/2006. Psychiatric progress report dated 12/5/2013 suggested that she continues to experience frequent middle insomnia, depressed mood with anhedonia, loss of libido, impaired concentration and memory, decreased appetite, poor self esteem, guilt feelings, lack of energy, irritability, anxiety with somatic and visceral symptoms. It is suggested that the injured worker has started CBT group therapy for insomnia and has attended 2 sessions so far until 12/5/2013. There is no documentation available regarding the evidence of objective functional improvement. California MTUS suggests-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has had at least 2 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The request for 6 more group CBT sessions for insomnia is not medically necessary at this time.

**MEDICATION MANAGEMENT MONTHLY #6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Office visits.

**Decision rationale:** The injured worker is a 46 year old female with date of injury 4/20/2006. Psychiatric progress report dated 12/5/2013 suggested that she continues to experience frequent middle insomnia, depressed mood with anhedonia, loss of libido, impaired concentration and memory, decreased appetite, poor self esteem, guilt feelings, lack of energy, irritability, anxiety with somatic and visceral symptoms. It was suggested that the injured worker has started CBT group therapy for insomnia and has attended 2 sessions so far until 12/5/2013. Diagnosis of Major Depressive Disorder, single episode, moderate was given per the assessment. Psychotropic medications prescribed for the injured worker per that report were continuation of Effexor XR 150 mg daily and increase in Trazodone to 200 mg nightly. ODG states "Office visits: Recommended as determined to be medically necessary. 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 they should be encouraged. "The request for Medication management monthly #6 is not medically necessary. There is no indication as to why the injured worker would need such frequent follow up visits. The injured worker is being prescribed Effexor XR and Trazodone which typically do not require such close monitoring.