

<b>Case Number:</b>	CM14-0002379		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	01/31/1997
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 patient is an employee of [REDACTED] and has submitted a claim for Major Depressive Affective Disorder, recurrent episode, moderate associated with an industrial injury date of January 31, 1997. Treatment to date has included benzodiazepines, TCAs, SSRIs and individual psychotherapy sessions. Medical records from 2013 were reviewed and showed history of panic attacks and worsening sleep disturbance. The patient was diagnosed with Major Depressive Disorder, recurrent; moderate Generalized Anxiety Disorder; and pain disorder associated with both psychological factors and general medical condition. Mental status examination showed the patient to be cooperative; have good eye contact; intense affect; anxious; ruminating; loud with pressured speech; and fair judgment and insight. The patient denies any current suicidal ideation and shows no delusions. Utilization review dated December 17, 2013 denied the request for Psychiatric sessions x 8 over 12 months because there was no note of improvement from previous sessions of individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHIATRIC SESSIONS X8 OVER 12 MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): (s) 23, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section.

**Decision rationale:** The Expert Reviewer's decision rationale: Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders. ODG cognitive therapy for depression guidelines state the gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. Maintenance cognitive-behavioral therapy (CBT) to prevent recurrent depression is most effective in patients at highest risk for relapse, defined as those with 5 or more previous depressive episodes. An initial trial of 6 visits over 3-6 weeks is recommended; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the patient was diagnosed with Major Depressive Disorder, recurrent; moderate Generalized Anxiety Disorder; and pain disorder associated with both psychological factors and general medical condition. The most recent progress report showed that the patient was anxious and ruminating. She has undergone previous individual psychotherapy sessions; however, the number of visits were not discussed. It is unclear whether the patient had exceeded the guideline recommendation of initial 6 visits. Moreover, there was no documentation of measurable functional gains from the treatment as to support continued psychotherapeutic intervention in this patient. Therefore, the request for psychiatric sessions x8 over 12 months is not medically necessary.