

<b>Case Number:</b>	CM14-0100787		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Child and Adolescent 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 53 year old male who was injured at work on 9/20/2004. He was working as an animal technician, and while trying to prevent a 300 lb rack from tipping over, sustained a low back injury. He underwent treatment including epidural injections, acupuncture, physical therapy and analgesic medication. He developed severe depression secondary to chronic pain. He was prescribed Lexapro, Trazodone and Ambien. As of the 5/29/14 psychological appeal, the injured worker has undergone 39 group psychotherapy sessions over the past 12 months. He continues to experience symptoms of anxiety and depressed mood. The appeal requested an additional 20 group therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy x 20 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy for depression; Group therapy.

**Decision rationale:** MTUS guidelines indicate that cognitive behavioral therapy (CBT) can be helpful in the treatment of depression. It is especially helpful to improve coping skills and studies have shown that it can be more useful than ongoing medication of physical therapy. The ODG recommend an initial trial of 5 - 6 sessions, with additional sessions 20 sessions initially, if there has been objective functional improvement. Additionally, this can be increased up to 50 sessions in the treatment of severe Major Depression (of individual therapy sessions, not group therapy) and only if there has been progress. The documentation provided does not clearly demonstrate objective clinical progress. The ODG group therapy recommendations indicate that group therapy is an approved option, but in individuals diagnosed with Post Traumatic Stress Disorder (PTSD), and not for Major Depression. The injured worker is not diagnosed with PTSD. The injured worker has already undergone at least 39 group therapy sessions in the past 12 months. Given that he has been receiving ongoing group therapy, there is no compelling rationale for 20 sessions of individual therapy.

**Psychotropic Medication Management x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits.

**Decision rationale:** MTUS is not applicable. The ODG indicate that psychiatric medication management is an important component of the overall treatment plan for individuals suffering from Major Depression. The frequency and duration of visits is determined by the severity of symptoms, whether referral for testing is required, there is missing time from work, the need for medication adjustments to address lack of progress and medication side effects. It is appropriate for the injured worker to undergo sessions for psychotropic medication management. However, the request does not specify the frequency of sessions, and in the absence of this important information and clarification, the request is not medically necessary.