

Case Number:	CM14-0110090		
Date Assigned:	08/01/2014	Date of Injury:	11/03/1998
Decision Date:	09/03/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/14/2014

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 licensed in Psychology 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 claimant is a 51 year-old female (██████████) with a date of injury of 11/3/98. The claimant sustained injury when she tripped on a cracked portion of uneven pavement, causing her to fall forward onto all fours with the majority of her weight landing on her left knee and left upper extremity. The claimant sustained this injury while working for the ██████████. In his PR-2 report dated 4/24/14, ██████████ diagnosed the claimant with: (1) Status post spinal cord stimulator implant for left lower extremity complex regional pain syndrome; (2) Urinary urge incontinence/neurogenic bladder; (3) Major depression with history of psychotic features; (4) Bilateral knee internal derangement with end-stage degenerative disease; (5) Post-traumatic stress; (6) Morbid obesity; (7) Severe gastritis; (8) Hypertension, poorly controlled; and (9) Bilateral shoulder adhesive capsulitis. Additionally, in his Secondary Treating Physician's Orthopedic Follow-up Examination with Request for Authorization dated 4/21/14, ██████████ diagnosed the claimant with: (1) Status post right knee medial/lateral meniscal repair, August 9, 2013; (2) Status post left knee arthroscopy, twice; (3) Bilateral knee osteoarthritis/degenerative joint disease; and (4) Right knee medial joint space narrowing, per X-ray. It is also reported that she has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her 4/2/14 Supplemental Report and Request for Authorization, treating psychologist, ██████████, diagnosed the claimant with Major depression disorder, single episode, severe without psychotic features. The claimant has treated her psychiatric symptoms with psychotropic medications and psychological services including both individual and group psychotherapy. It is the claimant's psychiatric condition that is most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavioral therapy (CBT); one (1) time a week for the next six (6) months per the 04/02/14 report (two (2) times per week for the next six (6) months per the 06/04/2014 report): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress regarding Cognitive Therapy for depression.

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 Chapter, Cognitive therapy for depression and on other Medical Treatment Guideline or Medical Evidence: APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010), Maintenance phase (pg. 19).

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline for the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in November 1998. She has struggled with symptoms of depression and has received numerous services over the years including hospitalization and both individual and group psychotherapy. It is reported by [REDACTED] that the claimant remains symptomatic and in need of additional maintenance services. Given the number of services already completed and the inconsistent progress from those services, the request for an additional 6 months of individual sessions (either at 1 or 2 times per month) appears excessive as it does not allow for a reasonable period of time for reassessment of progress being made or lack thereof as well as for updating/modifying any treatment plan goals and/or interventions. As a result, the request for Individual cognitive behavioral therapy (CBT); one (1) time a week for the next six (6) months per the 04/02/14 report (two (2) times per week for the next six (6) months per the 06/04/2014 report) is not medically necessary.

Group therapy one (1) time per week for the next six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

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 Chapter, Cognitive therapy for depression and Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118).

Decision rationale: The CA MTUS does not address the treatment of depression nor group therapy therefore; the Official Disability Guideline for the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will

be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in November 1998. She has struggled with symptoms of depression and has received numerous services over the years including hospitalization and both individual and group psychotherapy. It is reported by [REDACTED] that the claimant remains symptomatic and in need of additional maintenance services. Given the number of services already completed and the inconsistent progress from those services, the request for an additional 6 months of weekly group therapy sessions appears excessive as it does not allow for a reasonable period of time for reassessment of progress being made or lack thereof as well as for updating/modifying any treatment plan goals and/or interventions. As a result, the request for Group therapy one (1) time per week for the next six (6) months is not medically necessary.