

Case Number:	CM14-0113172		
Date Assigned:	09/16/2014	Date of Injury:	11/07/1991
Decision Date:	10/31/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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 Psychologist and is licensed to practice in Texas. 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 65-year-old female who report an injury on 11/07/1991 who was an admitting clerk. She sustained multiple injuries after she slipped and fell over a service case that was left in the hallway at work. This included head, neck, back, jaw, arms, shoulders, legs, and psych. The injured worker's treatment history included physical therapy, aquatic treatment, lumbar epidural steroid injections, and endoscopic retrograde cholangiopancreatography. Treatment history also included psycho therapy sessions, and medications. The injured worker was evaluated on 07/02/2014 and it is documented the injured worker continued with increased crying, tearfulness, irritability, impaired concentration, and social withdraw. The objective findings included the injured worker was angry, anxious, depressed, has impaired concentration, obvious physical discomfort, is poorly groomed, and tearful. The injured worker was evaluated on 07/08/2014 and it was documented that the issue being treated is not chronic pain utilization of that guideline will be objected to if attempted. MTUS Guidelines for major depressive disorder exists; this injured worker suffers from major depression as documented. The provider documented failure to authorize this treatment will lead to unnecessary suffering, increase impairment and continuation of severe symptomatology, and/or in reoccurrence of symptoms, potentially including suicidal ideation with an increased likelihood of need of emergency care, and in some cases inpatient psychiatric hospitalization. Diagnoses included major depression, single episode, moderate to severe, nonpsychotic, chronic; pain disorder associated with psychological factors and general medical condition, cognitive disorder NOS. Medications included Wellbutrin 300 mg, Lexapro 10 mg, Lexapro 20 mg, and clonazepam. The request for Authorization dated 07/08/2014 was for Psychotherapy and BAI/BDI.

IMR ISSUES, DECISIONS AND RATIONALES

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

24/7 Health Care: 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 Guidelines Home Health Services. Page(s): 51.

Decision rationale: The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines (MTUS) The Chronic Pain Medical Treatment Guidelines (MTUS) only recommends Home Health Services for medical treatment for patients who are Home bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The documents provided lacked documentation of the injured worker being homebound, on a part time or "intermittent" basis. In addition, there was no indication the injured worker was post-op from surgery. Given the above, the request for 24/7 health care is not medically necessary.

Psychotherapy 1X24 wks: Overturned

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 Official Disability Guidelines (ODG) Mental Illness & Stress. Psychotherapy for MDD (major depressive disorder).

Decision rationale: Per the official Disability guidelines state that psychotherapy for major depressive disorder is recommended. Cognitive behavioral psychotherapy is a standard treatment for mild presentations of MDD; a potential treatment option for moderate presentations of MDD, either in conjunction with antidepressant medication, or as a stand-alone treatment (if the patient has a preference for avoiding antidepressant medication); and a potential treatment option for severe presentations of MDD (with or without psychosis), in conjunction with medications or electroconvulsive therapy. Not recommended as a stand-alone treatment plan for severe presentations of MDD. (American Psychiatric Association, 2006). Standards call for psychotherapy to be given special consideration if the patient is experiencing any of the following: (1) Significant stressors; (2) Internal conflict; (3) Interpersonal difficulties/social issues; (4) A personality disorder; & (5) A history of only partial response to treatment plans which did not involve psychotherapy. The American Psychiatric Association has published the following considerations regarding the various types of psychotherapy for MDD:- Cognitive behavioral psychotherapy is preferable to other forms of psychotherapy, because of a richer base of outcome studies to support its use, and because its structured and tangible nature provides a means of monitoring compliance and progress.- In contrast, psychodynamic psychotherapy is not

recommended because it has specifically been identified as lacking scientific support, and is severely vulnerable to abuse because it can involve a lack of structure. (American Psychiatric Association, 2006) Placebos about did as well as antidepressants or cognitive therapy in this RCT on MDD treatment, although there were hints that the effects varied by gender and race. In the antidepressant group, 31% responded (as judged by improvements on the Hamilton Rating Scale for Depression). The same was true of about 28% of patients in the psychoanalysis-therapy group, and 24% in the placebo group. The researchers found that African-American men tended to improve more quickly with talk therapy than with medication or placebo. In contrast, white men fared best on placebo, while black women showed no differences in their responses to the three treatments. Only white women showed the expected pattern: a quicker response to both medication and talk therapy than to the placebo. The documentation submitted noted the injured worker had diagnoses of a major depression, single episode, moderate to severe, nonpsychotic, chronic. The provider also noted pain disorder associated with both psychological factors in general medical condition. The provider noted a GAF of 40, and the highest GAF 40 in the past year. As such, the request for psychotherapy 1X24 wks is medically necessary.

BAI/BDI (1x every 6weeks): 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 Official Disability Guidelines (ODG) Mental Illness & Stress. BDI Beck Depression Inventory.

Decision rationale: According to Official Disability Guidelines (ODG) BAI/BDI are recommended as a first-line option psychological test in the assessment of chronic pain patients. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. This test can identify patients needing referral for further assessment and treatment for depression. Strengths: Well-known, well researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80. Weaknesses: Limited to assessment of depression, easily faked. Scale is unable to identify a non-depressed state, and is thus very prone to false positive findings. This should not be used as a stand-alone measure, especially when secondary gain is present. According to the guidelines, the BAI/BDI, recommended as a first line option of psychological testing in the assessment of chronic pain patients. Within the documentation submitted the injured worker has already been diagnosed with major depression, single episode, and moderate to severe, nonpsychotic, and chronic. As such, the request for BAI/BDI (1x every 6 weeks) is not medically necessary.