

Case Number:	CM14-0125397		
Date Assigned:	08/11/2014	Date of Injury:	05/22/2013
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 a Licensed Psychologist 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 30 year-old male (DOB 5/10/84) with a date of injury of 5/22/13. The claimant sustained injury while working for Eagle Intermodal Services, Inc. The mechanism of injury was not found within the limited medical records submitted for review. In her RFA dated 7/16/14, Jennifer Del Mundo diagnosed the claimant with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; (3) Posttraumatic disorder; and (4) Male hypoactive sexual desire. The claimant has been receiving psychological services to treat his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional Cognitive Behavioral Therapy (CBT) Psychotherapy sessions once a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute Sections: Stress/Mental.

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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals.

Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. (Corey-Lisle, 2004) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment. (Pampallona, 2004) For panic disorder, cognitive behavior therapy is more effective and more cost-effective than medication. (Royal Australian, 2003) The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy. (Warren, 2005) Delivering cognitive behavioral therapy (CBT) by telephone is as effective as delivering it face-to-face in the short term, and telephone therapy is safe and has a higher patient retention rate. The attrition rate from psychotherapy can exceed 50% due to time constraints, lack of available and accessible services, transportation problems, and cost. Significantly fewer participants receiving telephone CBT discontinued their therapy than did those receiving face-to-face CBT. Both treatment groups showed significant improvement in depression, and there were no significant treatment differences when measured at posttreatment between telephone and face-to-face CBT. However, face-to-face CBT was significantly superior to telephone CBT during the follow-up period. The RCT used 18 sessions of either telephone CBT or face-to-face CBT. (Mohr, 2012) Psychotherapy visits are generally separate from physical therapy visits. ODG Psychotherapy Guidelines: Initial trial of 6 visits over 6 weeks With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) 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) Group th

Decision rationale: The California MTUS does not address the treatment of depression nor the use of group therapy therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline on the Treatment of Patients with Major Depressive Disorder will be used for references for this case. Based on the very limited medical records included for review, the claimant has been receiving group psychotherapy with Dr. Flores and/or his colleagues. It is unclear as to how many sessions have already been completed or the progress/improvements from those sessions as no notes have been included for review. Without any supporting documentation for further sessions, the request for additional sessions cannot be determined. As a result, the request for Six additional Cognitive Behavioral Therapy (CBT) Psychotherapy sessions once a week for six weeks is not medically necessary and appropriate.