

<b>Case Number:</b>	CM14-0035965		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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:

This patient is a 44 year old female with date of injury 01/01/2004. She suffered from bilateral knee injuries for which she underwent at least 8 surgeries. She later developed cardiac arrhythmia with syncope that was judged as industrial. Date of UR decision was 03/04/2014. Progress report dated 6/9/2014 lists Psychiatric review of systems being positive for panic attacks, depression, and inability to concentrate. The psychotropic medications being prescribed for the injured worker are quetiapine, sertraline. She is taking Topamax, buprenorphine and gabapentin for pain. Appeal letter from 05/22/2014, suggests that she has been diagnosed and treated for depression related to industrial trauma for several years now. She has complained of increased feelings of depression about her increased/more complicated physical problems, increased tearfulness, social withdrawal, irritability, memory and concentration problems, disturbances of sleep, appetite, libido and passive thoughts of death. She underwent inpatient Psychiatric treatment from 11/18/2013-12/02/2013 and received ECT on inpatient basis and later continued on outpatient basis. She was readmitted to inpatient psychiatric hospital and underwent more inpatient ECT sessions. She was discharged from the hospital on 03/07/2014 when she presented as "visibly depressed, with overt tearfulness, complaining of feelings of overwhelming sadness, and continuing suicidal ideations." The injured worker has been diagnosed with Major Depressive disorder and Anxiety disorder NOS. She also continues to have concerns of suicidality per the progress report. Report from 03/01/2014 suggests that ECT has helped her with her mood although caused a decline in her memory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **CONTINUED PSYCHOTHERAPY WEEKLY FOR ADDITIONAL 2-3: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

**Decision rationale:** The submitted documentation reveals that the injured worker has been diagnosed with depressive disorder since 2004. She has been tried on several psychotropic medications, had had two inpatient psychiatric hospitalizations and has also undergone ECT on inpatient as well as outpatient basis with good results. Psychologist report from 05/22/2014, suggests that she complains of increased feelings of depression about her increased/more complicated physical problems, increased tearfulness, social withdrawal, irritability, memory and concentration problems, disturbances of sleep, appetite, libido and passive thoughts of death ODG Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.). - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker has had severe symptoms of depression, anxiety, chronic suicidality with some evidence of functional improvement with psychotherapy sessions. Due to the ongoing symptoms of depression, continued psychotherapy treatment weekly for 2-3 months is medically necessary.

### **EVALUATION FOR RESUMPTION OF OUTPATIENT ECT: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Progress report from 12/17/2013 suggests that she has been receiving follow up ECT 3 times a week and complains of some short term memory problems. She is described as "much better, less depressed and seemed happier but still tearful". Report from 12/24/2013 suggests that ECT is being continued, she is withdrawn but overall somewhat improved; quiet but more hopeful. Report from 01/20/2014 suggests that she seemed to be much better, hopeful and smiling and that she no longer has suicidal thoughts. ODG guidelines suggest that the primary barrier to utilizing ECT is the MDD diagnosed individual's reluctance to undergo such a procedure. ECT has been found to be most effective in the treatment of individuals with psychotic symptoms, suicidal ideation, and comorbid physical illness. In this case, the injured worker herself requests for more ECT sessions and also suffers from chronic suicidal ideations and comorbid physical illness in form of chronic pain. The request for resumption of outpatient ECT is medically necessary and thus will respectfully disagree with UR physician's decision.

