

Case Number:	CM14-0036468		
Date Assigned:	06/25/2014	Date of Injury:	07/21/1998
Decision Date:	08/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/25/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, psychosis, and anxiety disorder reportedly associated with an industrial injury of July 21, 1998. Thus far, the applicant has been treated with the following: Various and sundry psychotropic medications and unspecified amounts of psychotherapy. In a Utilization Review Report dated March 4, 2014, the claims administrator partially certified a request for 12 sessions of cognitive behavioral therapy as six sessions of cognitive behavioral therapy, partially certified a request for 12 sessions of group psychotherapy as six sessions of group psychotherapy, approved three medication management sessions, and approved a request for Wellbutrin. The applicant's attorney subsequently appealed. In a March 9, 2013 psychology follow-up note, the applicant stated that his sleep remained poor owing to pain complaint. The applicant then stated that his mood was somewhat better but he remained tense and anxious. Additional individual psychotherapy and stress management sessions were sought once weekly for each of the next three months. The applicant was using Wellbutrin, Remeron, Prozac, Seroquel, and Levitra, all of which are being prescribed by the applicant's psychiatrist. The applicant's work status was not clearly outlined; however, it did not appear that the applicant was, in fact, working. In a medical progress note of June 12, 2014, the applicant presented with ongoing complaints of shoulder pain and impingement syndrome status post earlier failed shoulder arthroscopy. Tramadol, diclofenac, and topical compounded medications were sought. The applicant's work status was not furnished. On March 8, 2014, the applicant was described as permanent and stationary from a mental health perspective. The applicant remains severely depressed. The applicant was having difficulty doing basic activities of daily living such as showering owing to pain and psychological stress. The applicant was asked to obtain cognitive behavioral therapy once a week, group therapy session once a week, and medication

management for the next three months. The applicant was using Wellbutrin, Prozac, Seroquel, Remeron, and Levitra, it was stated. The applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 12 cognitive behavioral therapy sessions (1 session per week for 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (OGD) Cognitive Behavioral Therapy (CBT) guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the applicant's failure to improve may be due to the incorrect diagnosis, unrecognized medical and psychological conditions, or unrecognized psychosocial stressors. In this case, the applicant has heightened symptoms of depression and anxiety. The applicant is off of work. It does not appear that earlier unspecified amounts of cognitive behavioral therapy/psychological counseling and/or group psychotherapy have been altogether beneficial here. The applicant remains highly reliant and highly dependent on various psychotropic medications, including antidepressants and antipsychotics. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of cognitive behavioral therapy over the course of the claim. Therefore, the request is not medically necessary.

Prospective request for 12 group psychotherapy sessions (1 session per week for 3 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Psychotherapy Guidelines; Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an applicant's failure to improve may be due to unrecognized psychosocial stressors or psychological conditions. In this case, the applicant is off of work. The applicant's symptoms of depression and anxiety are seemingly worsened from visit to visit as opposed to improve from visit to visit, despite earlier unspecified amounts of psychological treatment, including earlier unspecified amounts of group psychotherapy over the course of the claim. The applicant remains highly reliant and highly dependent on various psychotropic medications, including antidepressants and antipsychotics. All of the above, taken together, suggest a lack of functional

improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of group therapy over the course of the claim. Therefore, the request is not medically necessary.