

Case Number:	CM14-0062660		
Date Assigned:	07/11/2014	Date of Injury:	11/03/1998
Decision Date:	09/30/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/05/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 patient is a 51 year old female who was injured in November of 1998. She apparently has had significant psychiatric symptoms related to her injury and has been hospitalized in the past. Her diagnosis is Major Depressive Disorder, single episode, Severe without Psychosis. The patient is on Zoloft, Abilify and Gabapentin. The provider is requesting certification for twice weekly CBT sessions for six months, weekly group therapy sessions for 6 months, 24/7 home care for 6 months, and transportation to all medical appointments for 6 months. The first two requests were both modified to 6 sessions total for each request and the last two requests were denied. This is a review of medical necessity for the unmodified requests for twice weekly CBT sessions and weekly group therapy sessions for 6 month as well as the request for coverage for 24/7 home care and transportation to all medical appointments for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

individual cognitive behavior therapy 2X week for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interventions and Treatment. Decision based on Non-MTUS Citation Mental Illness and Stress, Summary of Medical Evidence.

Decision rationale: State of California MTUS indicate up to 6-10 sessions, ODG recommend up to 50 sessions for patients with severe depression with evidence of improvement. The request as modified is consistent with the above recommendations and allows for monitoring for progress. However the unmodified request clearly exceeds the evidence based recommendations of both the State of California MTUS and the ODG. Therefore the request is not medically necessary.

group therapy once week for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, mental illness & stress, office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010.

Decision rationale: State of California MTUS, ACOEM and ODG are silent in regards to group therapy. the provider did not give an indication for this modality and APA Practice Guidelines indicate that efficacy of group therapy is not well-established in patients with major depression and does not specifically indicate this modality related to lack of strong evidence and potential adverse consequences. As such the unmodified request is not supported. Therefore the request is not medically necessary.

24/7 home care by psych tech or skilled licensed nurse for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home health services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kaplan and Sadock, A Comprehensive Textbook of Psychiatry, Ninth Edition, June 2009.

Decision rationale: State of California MTUS, ACOEM, ODG and current practice guidelines do not indicate 24/7 care for psychiatric conditions. The above cited reference does not cite any psychiatric condition for which 24/7 home care would be indicated. There is no current research on utility of 24/7 home care and no evidence that this treatment would be effective in ameliorating the patient's condition. As such there is no evidence based indication for 24/7 home care. Therefore the request is not medically necessary.

transportation to all medical appointments for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, knee and leg, transportation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Generally Accepted Standards of Medical Practice.

Decision rationale: The patient clearly has a severe psychiatric condition but the provider has not indicated any symptoms which would preclude the patient from driving or using public transportation. MTUS, ACOEM, ODG, and APA Practice Guidelines do not address this issue and the writer was not able to find any peer reviewed literature on the subject. Given the lack of psychiatric symptoms which would preclude the patient from getting to and from appointments using other means of transportation to and from appointments is not indicated according to current generally accepted standards of medical practice the request is not medically necessary.