

Case Number:	CM14-0082810		
Date Assigned:	07/21/2014	Date of Injury:	01/13/2006
Decision Date:	08/26/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 licensed in Psychology 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:

Based on the records provided for this independent review, this patient is a 51 year old female who reported an industrial/occupational work-related injury that occurred during her usual work duties on January 13, 2006. The patient has significant lumbar and cervical radiculopathy, and right shoulder pain secondary to a fall. The details of the cause of the injury were not provided. Psychologically the patient is symptomatic with depression and anxiety and has passive suicidal thoughts. The treatment is helping her to decrease the suicidal thoughts and physical limitations. She continues to have extreme anger. The patient reportedly has had a recent hospitalization of 14 days for severe depression. She has been participating in an intensive outpatient treatment program for psychological struggles and was given a mood stabilizer but was unable to remember the name of the medication. She has also been treated with Prozac. A request for weekly psychotherapy treatment for 20 weeks was made and was non-certified with a modification offered to allow for six weeks of treatment. The rationale for the reduction from 20 sessions to six as stated by utilization review was that 20 sessions was excessive and that it was required for her to have a re-evaluation for efficacy and functional improvement with treatment per the ODG guideline recommendations. This independent review will address a request to overturn that non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly psychotherapy treatment, weekly sessions for 20 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 (ODG) for Mental Illness and Stress regarding Cognitive therapy for depression, Psychotherapy Guidelines.

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 Behavioral Therapy for Depression, Psychotherapy Guidelines.

Decision rationale: CA-MTUS guidelines do not specifically address the use of cognitive behavioral therapy for depression; however ODG guidelines in the mental illness and stress chapter do mention the use of CBT for depression. After an initial trial of six sessions over a six week period, if there is evidence of functional improvements that have resulted from those six sessions' additional sessions up to a total of 13 to 20 visits may be offered. It is important to note that utilization review did not deny the patient treatment that simply modified the number of sessions that they were willing to authorize from 20 downward to 6 with the explanation that further assessment of the patients response to treatment would be required at that time. According to the ODG treatment guidelines patients who respond to an initial set of six sessions may be offered up to a maximum of 13 to 20 additional sessions, however in cases of severe depression or PTSD (see June 2014 update) additional sessions up to 50 may be offered if progress is being made. The need for ongoing documentation of the patient's progress is essential because additional sessions are not contingent on to patient's symptomology but rather that they are making progress in treatment. In this case progress notes from 25 sessions were provided and were very helpful for this independent review. The notes do reflect that the patient is making progress in treatment although not always in a linear manner. The modification from 20 sessions to six was correct as the number of sessions requested was considerably large and represents the total maximum number allowed for most patients and given that this patient has already had at a minimum 25 sessions, with regard to the maximum allowed for patients with severe depression which this patient does have. Therefore the request is not medically necessary.