

<b>Case Number:</b>	CM14-0194312		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Psychiatrist (MD) 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:

Injured worker is a 51 year old male with date of injury 11/2/2009. Date of the UR decision was 10/17/2014. Per report dated 11/30/2012, the injured worker had been engaging in Psychotherapy treatment and was being prescribed Cymbalta, Trazodone, Morphine, Hydrocodone, Gabapentin and Tizanidine. Per report dated 11/20/2014, the injured worker had attended 9 sessions of Group Cognitive Behavior Therapy for treatment of Major Depressive Disorder, single episode, severe and Pain disorder associated with psychological factors and general medical condition. Per Psychiatrist report dated 10/30/2014, the injured worker presented with subjective complaints of feeling better, better sleep and decrease in severity of depressed mood, anhedonia, avolition, hopelessness, helplessness, irritability. He reported that the group therapy had been beneficial. He was continued on Effexor XR 150 mg in the morning and Trazodone 75 mg at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six office visits with psychiatrist:** 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) Mental Illness and Stress Chapter

**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, Office visits, Stress related conditions.

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "Per Psychiatrist report dated 10/30/2014, the injured worker reported improvement with the treatment and said that he was feeling better, had better sleep and decrease in severity of depressed mood, anhedonia, avolition, hopelessness, helplessness, irritability. He was continued on Effexor XR 150 mg in the morning and Trazodone 75 mg at bedtime. It has been suggested that the injured worker has been in treatment with a Psychiatrist and a Psychologist for a long time and has had significant improvement. The request for Six office visits with psychiatrist is excessive and not medically necessary as his mental health symptoms have been stable and improvement and additional 6 office visits are not clinically indicated.

**Six sessions of weekly group cognitive behavioral therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Group Therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness chapter, Cognitive therapy for depression.

**Decision rationale:** Per report dated 11/20/2014, the injured worker had attended 9 sessions of Group Cognitive Behavior Therapy for treatment of Major Depressive Disorder, single episode, severe and Pain disorder associated with psychological factors and general medical condition. The request for Six sessions of weekly group cognitive behavioral therapy is excessive. It has been suggested that he had had at least 9 sessions of group psychotherapy and several more sessions of individual and group psychotherapy over the years for psychological symptoms. There is no clear documentation regarding the number of psychotherapy sessions that have been completed since the injury or any evidence of objective functional improvement. He has reported subjective improvement but there is no mention of any objective improvement. Thus, the request is not medically necessary at this time.

