

Case Number:	CM14-0200496		
Date Assigned:	12/10/2014	Date of Injury:	04/20/2011
Decision Date:	02/25/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed include 451 pages of medical and administrative records. The injured worker is a 59 year old female whose date of injury is 04/20/2011. Her primary diagnosis is depressive disorder not otherwise specified. She had worked in data entry and had "worn down her hands" and they could not be surgically repaired. Her initial psychiatric AME of 07/30/14 by [REDACTED] (psychiatrist) indicated that she used Norco for pain and she may have been refilling from more than one doctor at a time, as she was seeing [REDACTED] and a [REDACTED] physician at the same time. She had a two hour commute each way for her job, and she left when told she was not considered promotable or to eligible to receive a raise. [REDACTED] took her off work, gave her Valium, and referred her for a psychiatric evaluation. She ultimately did not receive psychiatric treatment, but was referred to a therapist who thought she has PTSD. The examiner indicated that the patient did not fit PTSD criteria but she was depressed due to her circumstances. A [REDACTED] physician prescribed citalopram 10-20mg, which [REDACTED] felt was a subadequate dose. The psychologist made no psychiatric referral. The examiner felt that as the patient was not capable of verbalizing strategies and techniques taught in CBT, she would not learn anything. She suffers from sleep apnea and has a machine which she does not wish to use, indicating noncompliance with treatment. She was given the diagnosis of depressive disorder NOS. Treatment recommended was an antidepressant for 12 months, with CBT once she had responded to the antidepressant. [REDACTED] did not think the examinee had the capacity to respond to CBT simply because she was too depressed, and did not think treatment had been successful. A psychiatric supplemental AME of 10/22/14 by [REDACTED] stated that

per his initial report he had indicated that she should have been placed on an antidepressant for a period of 12 months and that only after a response from that would any supportive therapy or CBT be helpful. The most recent psychology treatment note of 10/28/14 showed that depression was increasing, she was depressed and anxious with pressured speech. She was alert and oriented x3, thought process was intact. Diagnosis was major depressive disorder single episode moderate, and PTSD. She had received 40 psychotherapy sessions as of that date. Overall, psychology treatment notes (around weekly) show a goal of decreased depression. The patient is ongoingly depressed and anxious with pressured speech. There were no scales provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy/CBT 1 x 6 Months (24 Sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Therapy for Depression

Decision rationale: The patient's primary diagnosis is depressive disorder NOS. UR of 11/12/14 indicated that as of 10/28/14 she had received 40 psychotherapy sessions. The note on that date shows that her depression had increased. In reviewing psychotherapy notes provided, each goal states "decreased depression". This goal has not been met as evidenced by the fact that the patient is ongoingly depressed, anxious, and has pressured speech. She does not appear to be on an antidepressant. No scales (e.g. Beck Inventories for depression and anxiety) were provided to monitor the patient's levels of depression and anxiety over time, which would have given an idea of whether or not she was improving with therapy. There is no evidence of objective functional improvement as is required by the cited guidelines. As such, this request is not medically necessary.