

<b>Case Number:</b>	CM14-0208806		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 [REDACTED] employee who has filed a claim for major depressive disorder (MDD), somatization disorder, posttraumatic stress disorder, sleep disturbance, and generalized anxiety disorder reportedly associated with an industrial injury of September 12, 2012. In a Utilization Review Report dated December 1, 2014, the claims administrator denied a request for 12 sessions of psychotherapy, denied a request for six sessions of group therapy, approved a psychiatry referral, and denied a pulmonary referral for alleged sleep apnea. A November 14, 2014 progress note was referenced in the determination. Non-MTUS Guidelines were explicitly invoked in the determination, including non-MTUS ODG Guidelines and non-MTUS Chapter 7 ACOEM Guidelines, the latter of which were mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a November 13, 2014, psychological evaluation/pain psychology evaluation, the applicant reported issues with anxiety, fatigue, and depression. The applicant was not a native English speaker, it was incidentally noted. The applicant was on Tylenol and Klonopin, it was incidentally noted. Twelve sessions of psychotherapy over three months, six sessions of group therapy, and a psychiatry consultation were endorsed. The applicant apparently had difficulty using psychotropic medications such as Zoloft and had apparently discontinued the same. The applicant apparently developed issues with panic attacks, it was incidentally noted. The treating provider did not clearly state the applicant's work status, although it did not appear that the applicant was working. It was not clearly stated what psychological treatment or treatments had transpired to date. In a September 16, 2014 psychological Medical-legal Evaluation, the applicant

reported issues with posttraumatic stress disorder and panic attacks reportedly associated with an industrial assault injury. The applicant had been on and off for work for fairly protracted amounts of time, it was acknowledged. The medical-legal evaluator suggested that the applicant had more significant depressive issues and/or psychopathology than previously acknowledged. The applicant had not returned to work in any capacity, it was acknowledged. The applicant stated that she would develop issues with panic attacks and/or fearful episodes when she thought about the prospects of returning to work. The applicant expressed concerns over her relations with her daughter and her son. The applicant assigned a Global Assessment of Functioning (GAF) of 55. The applicant reiterated here belief that she did not feel capable of returning to work. The applicant's panic attacks and depressive issues were worsening, the medical-legal evaluator reiterated. The medical-legal evaluator stated that it was not unlikely that the applicant will return to work. Additional psychological counseling was sought on the grounds that the applicant had allegedly deteriorated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychotherapy weekly x 12 weeks with Psychologist with depression and anxiety:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT); Psychotherapy Guidelines; Depression, and Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Mental Illness and Stress Chapter, Cognitive Therapy for Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 405.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 400 acknowledges that cognitive therapy can be problem focussed, with strategies intended to help alter an applicant's perception of stress, or emotion-focussed with strategies intended to alter an applicant's response to stress, this recommendation is, however, qualified by commentary made in ACOEM Chapter 15, page 405, to the effect that an applicant's failure to improve may be a function of an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychological stressors. Here, the applicant was/is off of work, on total temporary disability, from a mental health standpoint. The applicant's issues with fear, ruminations, depression, anxiety, and panic attacks appear to be worsening from visit to visit as opposed to improving from visit to visit, despite completion of earlier unspecified amounts of psychotherapy over the course of the claim. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier psychotherapy. Therefore, the request for additional psychotherapy is not medically necessary.

**Group therapy bi - weekly 2 times per month for 6 total visits for depression and anxiety:**  
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), Cognitive Behavioral Therapy (CBT); Psychotherapy Guidelines; Depression, Mental Illness & Stress Chapter, Group Therapy and Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Mental Illness and Stress Chapter, Cognitive Therapy for Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 105.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 398 does acknowledge that support groups are appropriate resources in ameliorating psychological-psychiatric impairment, as is present here, this recommendation is likewise qualified by commentary made in ACOEM Chapter 15, page 405, to the effect that an applicant's failure to improve may be the function of an incorrect diagnosis, unrecognized medical/or psychological conditions, or unrecognized psychological stressors. Here, the applicant was/is off of work, on total temporary disability, from a mental health prospective. Significant complaints of depression, isolation, anxiety, insomnia, ruminations, etc., persist, despite completion of earlier psychological treatment at various points over the course of the claim. The applicant remains dependent on anxiolytic medications such as Klonopin, all of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier psychological treatment, including earlier group therapy. Therefore, the request for additional group therapy is not medically necessary.

**Referral to Pulmonary for apnea:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC) (Acute and Chronic), Official visits; Pain Polysomnography, Criteria for Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guidelines for the Evaluation and Management of Chronic Insomnia in Adults.

**Decision rationale:** The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography and, by implication, the pulmonary referral at issue, is not indicated in the evaluation of insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant has issues with depression and/or anxiety-induced insomnia. A pulmonology consultation would be of no benefit in establishing the presence or absence of sleep disorder secondary to underlying psychopathology. Therefore, the request is not medically necessary.