

<b>Case Number:</b>	CM15-0005040		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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:

The injured worker is a 56 year old female with an injury date of 03/28/2002. She is also being treated for pain located in the neck and left shoulder related to the industrial injury. On March 3, 2014 psychiatric reevaluation was completed. The provider notes the injured worker has not returned to work since her last psychiatric evaluation on 03/10/2010 and had experienced a "dramatic deterioration" in her psychiatric condition and there had been multiple hospitalizations. She noted previous suicide attempts, poor sleep and feelings of being useless and hopeless. Diagnosis includes major depressive disorder severe without psychotic features; rule out bipolar disorder, psychological factors affecting other medical conditions and somatic symptom disorder with predominant pain. The most recent report notes the injured worker demonstrates major depression marked by tearfulness, flat affect, isolation and loss of interest in social and family involvement.. She states "I no longer have hope. I am in extreme physical pain and I don't know for how much longer I can suffer". She also describes significant levels of insomnia, irritability and loss of concentration. The objective findings and benefits of psychotherapy are described as maintain hope in the recovery process and also by motivating her to focus on personal, social, and family oriented goals. She is described as being at risk of becoming gravely disabled. Functional improvements of psychotherapy included helping to increase client motivation to do simple things such as get out of bed and care for herself. The objective findings and benefits of psychotherapy, as well as functional improvements are written verbatim in PR2's of 07/31/14, 08/31/14, 09/30/14, and 12/18/14. She is on Prozac 40mg and Atarax for anxiety. On 07/09/14 she had completed 9 of 10 certified sessions. She then received

an additional six to be used between 08/01/14-12/14/14, which were to be used to demonstrate objective functional improvement or terminate treatment. On 11/11/14 another six were certified for use between 09/30/14-01/06/15. On 01/06/2015 she received a additional four sessions certified. All of these certifications total 25 sessions.

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

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

#### **20 Individual Psychotherapy 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 (ODG) Mental Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not discuss psychotherapy and major depressive disorder. ODG Mental Illness & Stress Cognitive Therapy for Depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate- with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant

**Decision rationale:** The patient is being treated with Prozac 40mg and Atarax for anxiety, and to date she has received at least 25 certified sessions. Progress notes by Dr. [REDACTED] all show the same benefits of psychotherapy and objective functional improvement, literally verbatim without variation, in each note from 07/31/14-12/08/14. Given that in each note she is also described as being at risk of becoming gravely disabled, it appears that there is no objective functional improvement made since at least 07/31/14. In addition, 25 sessions is well beyond guidelines of 20 sessions if improvement were to have been made.