

Case Number:	CM15-0186119		
Date Assigned:	09/28/2015	Date of Injury:	04/26/2012
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/21/2015

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 51 year old female who sustained an industrial injury on 04/26/2012. Her diagnoses are major depressive disorder single episode unspecified, generalized anxiety disorder, and psychological factors affecting medical condition. Treatment to date has included psychological evaluation, and CBT with group therapy sessions (21 sessions between 10/31/2012-05/01/2013). In a psychiatric AME re-evaluation of 04/25/15, she was noted to have decreased paranoid ideation. Her Beck Inventories were in the severe range of anxiety and depression. AME recommendations were for lifetime access to psychiatric medication management of maximum one per month and lifetime access to supportive psychotherapy at maximum two per month. On 08/05/2015, she reported an increase in depressive symptoms over the past two years, increase in panic symptoms and physical complaints, decreased social functioning and loss of interest in daily activities, sleep disturbances, anxiety, and severe hopelessness. She was on buspar, Lunesta, and bupropion. Authorization was requested six CBT sessions over 3 months or more on an as needed basis) and biofeedback (six sessions over the next three months or more on an as needed basis). The UR of 09/01/015 non-certified this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior psychotherapy (CBT), 6 sessions over the next 3 months or on an as-needed basis: 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 regarding Cognitive therapy for depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Cognitive therapy for depression.

Decision rationale: 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. The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. ODG guidelines for MDD recommend up to 50 sessions if progress is being made. The patient's Beck Inventories, reported symptoms, and AME recommendations indicate that CBT is medically necessary. This request however containing the phraseology of "on an as needed basis" is not reasonable considering AME recommendations of no more than two sessions per month. This request is not medically necessary.

Biofeedback, 6 session over the next 3 months or on an as-needed basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program. The patient is not participating in a CBT program at this time. This request is not medically necessary.