

Case Number:	CM15-0087910		
Date Assigned:	05/12/2015	Date of Injury:	05/07/2008
Decision Date:	06/16/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/07/2015

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 52 year old female whose date of injury is 05/07/2008. She was a bus driver responsible for driving juvenile delinquents, some of whom were violent or gang members. She was subjected to listening to their violent exchanges, cursing, and apparently was occasionally threatened. Current diagnosis is major depressive disorder recurrent severe. In 2014 she was noted to have anxiety and psychological factors affecting medical condition, as well as psychotic features. On 1/21/2015, the treating provider reported stability with the Seroquel and Cymbalta, and psychotherapy. The most recent progress psychotherapy note of 03/17/15 ([REDACTED]) indicated that the patient had no psychotic ideation in any modality. Test scores indicated severe depression and mild anxiety. Symptoms included isolation, anger, agitation, anxiety, nightmares, decreased energy, loss of interest, and sadness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, six (6) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: CA-MTUS is silent regarding CBT and major depressive disorder. Official Disability Guidelines 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. The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. The primary forms of psychotherapy that have been most studied through research are: Cognitive Behavioral Therapy and Interpersonal Therapy. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The patient suffers from major depressive disorder, for which CBT is an appropriate treatment. The patient has apparently been in therapy for around a year but the number of sessions she has received to date was not provided in records reviewed, nor was any objective functional improvement (if any). As such, this request is not medically necessary.