

<b>Case Number:</b>	CM14-0130190		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	12/05/2003
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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. The expert reviewer is Board Certified in Child & Adolescent Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 42 year old female who was injured at work on 12/05/2008. She slipped on a wet floor and sustained soft tissue injuries to her lower back and both knees. She subsequently underwent right knee surgery. Chronic pain followed, and this became more generalized, to the point that she was later diagnosed with Fibromyalgia. The 6/20/14 progress report documented that she continued to experience severe bilateral knee and wrist pain. As a result of suffering persisting pain, the injured worker became increasingly depressed. She reported feeling overwhelmed by daily tasks, and objectively appeared tired and distraught. She was diagnosed with Major Depression with Psychotic Features. She was admitted to a psychiatric hospital from 2/14/14-2/16/14 due to severe depression with hallucinations. She was prescribed the medications Cymbalta, Risperidone, Topamax and Trazodone. Mental health treatment included 11 sessions of cognitive behavioral therapy (CBT) from 1/20/14 until 6/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 sessions of cognitive behavioral therapy (CBT)/week for 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) treatment for chronic pain, Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression

**Decision rationale:** MTUS guidelines indicate that CBT can be helpful for individuals with mental health symptoms of depression and anxiety secondary to chronic pain. The injured worker's symptoms have progressed to a severe depression with psychotic features (hallucinations) which necessitated a psychiatric hospitalization in 2014. The ODG guidelines indicate that for severe depression, the initial recommendations of 5 -6 sessions over 6 weeks followed by up to 20 sessions if there has been functional improvement, can be increased to up to 50 sessions. The injured worker has already received at least 11 CBT sessions. However, the request for 4 CBT sessions per week for 6 months would equal 96 sessions in all, which is far in excess of the guideline recommendation maximum of 50 sessions (of which, the patient has already had 11 sessions), and therefore not medically necessary on that basis.

**1 session of group therapy/week for 6 months: 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Cognitive Behavioral Therapy (CBT) treatment for chronic pain Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Group therapy

**Decision rationale:** MTUS guidelines indicate that Cognitive Behavioral Therapy can be helpful for individuals diagnosed with mental health disorders such as depression and anxiety secondary to chronic pain. These recommendations apply to individual therapy and not to group therapy. The ODG addresses group therapy, and recommend group therapy as a treatment option in order to provide a supportive environment in which an individual with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. However, the injured worker is not diagnosed with PTSD, but with Major Depression, so he does not meet medical necessity for group therapy on that basis.

**1 psychopharmacology management visit/month for 6 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. 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 Official Disability Guidelines (ODG), Office visits

**Decision rationale:** MTUS is not applicable. The ODG indicate that psychotropic medication management is an important component in the overall treatment plan for individuals suffering from symptoms of depression and anxiety. The frequency and duration of visits is determined by the severity of symptoms, whether a referral for testing was made, missed days of work, for medication adjustments, and for adverse side effects. The injured worker is diagnosed with Major Depression. She is prescribed a medication regimen which requires psychiatric medication monitoring. The request for 6 monthly medication management appointments is premature at this point in time. It would be more appropriate for an initial treatment plan for 3 months of monthly medication management appointments, with the frequency of subsequent appointments to be determined after the psychiatric evaluation objectively documented in the progress report of the third month's appointment. This is because the frequency of future of appointments may not be needed on a once a month basis, but instead may be more appropriately scheduled on a less frequent basis, such as once in 3 to 6 months, as determined by the injured worker's symptom severity, response to medication adjustments, and any reported adverse side effects. The request is therefore premature at this point, and is not medically necessary on this basis.

**Transportation to all medical appointments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health services

**Decision rationale:** MTUS is not applicable. The ODG guidelines indicate that home health services which can include provision of transportation of individuals to their medical appointments, is recommended only for those diagnosed with serious medical conditions who are housebound and unable to use public transportation. The recommended maximum time allotment is up to 35 hours per week. The documentation provided does not list the injured worker as being homebound. She also does not have any serious medical diagnoses which would prevent her from utilizing public transportation. Therefore, for these reasons, the request for transportation to all appointments is not medically necessary.

**Seroquel 100mg #30:** 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, Atypical antipsychotics

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Quetiapine

**Decision rationale:** MTUS guidelines indicate that continuing an established course of antipsychotics is important, but they can decrease motivation and effectiveness at work. If a

referral is made, it is still important to plan how the patient using these drugs will manage at work or return to work. There is no specific recommendation relating to Quetiapine (Seroquel). The ODG indicate that Quetiapine is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, quetiapine, risperidone) for conditions covered in ODG. Furthermore, the injured worker is already prescribed Risperidone, so that the addition of Seroquel would be adding a second atypical antipsychotic medication to the treatment regimen, which would be considered excessive and inappropriate, based on the guideline recommendation. The request for Seroquel is therefore not medically necessary for these reasons.

**24/7 home-care by a skilled LVN: 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), Pain (Chronic), Home health services

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Home Health services

**Decision rationale:** MTUS is not applicable. The ODG indicate that home health services which can include provision of transportation of individuals to their medical appointments, is recommended only for those diagnosed with serious medical conditions who are housebound and who require intensive nursing care at home. The recommended maximum time allotment is up to 35 hours per week. The documentation provided does not list the injured worker as being homebound. She also does not have any serious medical diagnoses which would necessitate home health nursing. Therefore, for these reasons, the request for 24/7 home care by a skilled LVN is not medically necessary.