

Case Number:	CM14-0146755		
Date Assigned:	09/12/2014	Date of Injury:	02/19/1996
Decision Date:	10/10/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/06/2014

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 Psychology 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 claimant is a 47 year-old male [REDACTED] with a date of injury of 2/19/96. The claimant sustained multiple cumulative injuries. Accepted body parts include: head, neck, shoulders, elbows, wrists, hands, hips, knees, ankles, feet, right ear, heart, and jaw. He also experienced and may continue to experience sleep and arousal disorder symptoms, post traumatic headaches, cognitive issues, concussions, post traumatic head syndrome, dizziness, gastrointestinal disturbances, cardiovascular issues, and depression. The claimant sustained these orthopedic, internal, and psychiatric injuries while working as a professional football player for the [REDACTED]. In his undated RFA, [REDACTED] diagnosed the claimant with severe Major Depression. The claimant has been receiving both psychotropic medications and psychotherapy treatment for his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued individual psychotherapy x12 (weekly for 3 months): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation APA Practice Guideline for the Treatment of Patients With Major Depressive Disorder Third Edition (2010) (pgs. 56-57)

Decision rationale: Neither the CA MTUS nor the ODG address the treatment of chronic depression therefore, the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has been experiencing recurring depressive episodes intermittently since his injury. He resumed psychotherapy services with [REDACTED] in 2012 for an unknown number of sessions to date. There are several reports and progress notes submitted for review documenting the services being performed as well as the claimant's responses to the services. Given the claimant's intermittent suicide ideation, continuation of therapy is in order. The APA guideline states, "There is evidence that patients who do not completely recover during acute treatment have a significantly higher risk of relapse (and a greater need for continuation treatment) than those who have no residual symptoms (227, 491, 492). Similarly, patients who have not fully achieved remission with psychotherapy are at greater risk of relapse in the near term (364, 365, 367, 493, and 494). To reduce the risk of relapse during the continuation phase, treatment should generally continue at the same dose, intensity, and frequency that were effective during the acute phase". It further states, "Cognitive-behavioral therapy may prevent relapse of depression when used as augmentation to medication treatment. It may also bestow an enduring, protective benefit that reduces the risk of relapse after the treatment has ended (363)...". Given the significant risk of relapse during the continuation phase of treatment, it is essential to assess depressive symptoms, functional status, and quality of life in a systematic fashion, which can be facilitated by the use of periodic, standardized measurements. It is often helpful for patients and families to identify particular signs (e.g., lack of engagement in specific activities that are usually enjoyed, specific "signal" symptoms or patterns of thought) that are typical of their earlier depressive episodes and may suggest the beginnings of a depressive relapse. Furthermore, any sign of symptom persistence, exacerbation, or reemergence or of increased psychosocial dysfunction during the continuation period should be viewed as a harbinger of possible relapse." Given this information as well as the claimant's continued symptoms, the request for "Continued individual psychotherapy x12 (weekly for 3 months)" is appropriate and medically necessary.

Continued group psychotherapy x6 (2x a month for 3 months): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010), Group therapy (pgs. 48-49)

Decision rationale: The CA MTUS and the ODG do not address the treatment for chronic depression nor the use of group therapy. Therefore, the APA Practice Guideline for Patients with Major Depressive Disorder, specifically related to group therapy, will be used as reference for this case. Based on the review of the medical records, the claimant has been experiencing recurring depressive episodes intermittently since his injury. He resumed psychotherapy services with [REDACTED] in 2012 for an unknown number of sessions to date. There are several reports

and progress notes submitted for review documenting the individual services being performed as well as the claimant's responses to the services. Given the claimant's intermittent suicide ideation, continuation of individual therapy is in order. However, the request under review is for continued group psychotherapy. There were no group psychotherapy notes offered for review indicating the claimant's responses to prior group therapy services. It is unknown how many group psychotherapy sessions have been completed nor the progress/improvements gleaned from those sessions. Without more information, the need for additional group psychotherapy sessions cannot be fully determined. As a result, the request for "Continued group psychotherapy x6 (2x a month for 3 months)" is not medically necessary.