

Case Number:	CM14-0095049		
Date Assigned:	07/25/2014	Date of Injury:	08/22/2010
Decision Date:	10/15/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Psychologist and is licensed to practice in Utah. 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:

This is a 36-year-old female with an 8/22/10 date of injury, when she slipped and injured her right knee. The patient underwent right knee surgery in 04/2011. The progress note dated 3/28/14 indicated that the patient was attending group therapy. The progress note dated 4/24/14 indicated that according to the case management notes the patient had been receiving psych treatment off and on since 2012 and that the number of previously completed visits was unknown. The UR decision dated 5/9/14 indicated that the patient was approved for medication management monthly x 6 sessions. The patient was seen on 5/23/14 with complaints of anxiety, feeling sad and maintaining better sleep and physical activity. The note stated that the patient attended group therapy and it helped her. Exam findings revealed obesity, sad and anxious mood, and fair judgment. The plan was to continue group CBT for anxiety and depression and to continue Effexor XR. The diagnosis is internal derangement of the right knee, depression and anxiety. Treatment to date: work restrictions, chiropractic treatment, group CBT, psychotherapy and medications. An adverse determination was received on 6/11/14. The request for group CBT weekly x 6 was denied given that there was no data to indicate the number of sessions that the patient completed and there was a lack of documentation with objective functional improvement from the previous sessions. The request for medication management monthly x 6 was denied given that the reviewed records indicated that 6 monthly visits were approved in April and May and there was no rationale for another 6 visits at the time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group CBT weekly x6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; Mental Health and Stress Chapter for 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 (ODG) Mental illness and stress chapter, Cognitive therapy for depression

Decision rationale: CA MTUS does not address group CBT therapy. ODG guidelines indicate that CBT therapy 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. Studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. The Guidelines recommend total of 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The progress notes indicated that the patient was attending group CBT sessions. However, there is a lack of documentation indicating how many sessions the patient completed and there is a lack of documentation indicating subjective and objective functional gains from the previous treatments. Therefore, the request for Group CBT weekly x 6 weeks was not medically necessary.

Medication Management monthly x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter for office visit guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The UR decision dated 5/9/14 indicated that the patient was approved for medication management monthly x 6 sessions. It is not clear if the patient attended the sessions and there is no rationale with regards to the need for additional medication management sessions. Therefore, the request for Medication Management monthly x 6 was not medically necessary.

