

Case Number:	CM14-0215225		
Date Assigned:	01/05/2015	Date of Injury:	12/05/2003
Decision Date:	03/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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, Arizona, Maryland
Certification(s)/Specialty: 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 42 year old female, who sustained an industrial injury on 12/15/2003. She has reported feelings of a depressed mood. The diagnoses have included severe, major depressive disorder. Treatment to date has included multiple medications, Cognitive Behavioral Therapy (CBT) and group therapy sessions. Currently, the injured worker complains of feelings of dejection and a depressed mood. The injured worker has received treatment consisting of; hospitalization (3/14/14-2/28/14); multiple medications; and cognitive, behavioral and group therapy sessions. On 11/26/2014, Utilization Review non-certified a request for Cognitive behavioral therapy (CBT); 48 sessions; Group therapy; 12 sessions; Psychopharmacology management for one month; 3 sessions; Home care by a skilled LVN; 24 hours a day 7 days a week. The ACOEM and ODG-TWC were cited. On 12/23/2014, the injured worker submitted an application for IMR for review of Cognitive behavioral therapy (CBT); 48 sessions; Group therapy; 12 sessions; Psychopharmacology management for one month; 3 sessions; Home care by a skilled LVN; 24 hours a day 7 days a week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT); 48 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Stress and Mental illness Topic: Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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 injured worker has been diagnosed with major depressive disorder, severe and has undergone treatment so far with multiple medications, Cognitive Behavioral Therapy (CBT) and group therapy sessions. The request for Cognitive behavioral therapy (CBT); 48 sessions is excessive and not medically necessary as it exceeds the guideline recommendations in treatment of depression and the injured worker has already undergone treatment with CBT without any mention of number of sessions completed so far or any evidence of objective functional improvement from the treatment.

Group therapy; 12 sessions: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Stress and Mental illness Topic: Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and 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 injured worker has been diagnosed with major depressive disorder, severe and has undergone treatment so far with multiple medications, Cognitive Behavioral Therapy (CBT) and group therapy sessions. The request for group therapy; 12 sessions is excessive and not medically necessary as it exceeds the guideline recommendations in treatment of depression and the injured worker has already undergone treatment with group therapy without any mention of number of sessions completed so far or any evidence of objective functional improvement from the treatment.

Psychopharmacology management for one month; 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints 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 Chapter: Mental Illness & Stress Topic: Office visits

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. 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 health care system through self care as soon as clinically feasible" The injured worker has been diagnosed with major depressive disorder, severe and has undergone treatment so far with multiple modalities such as medications, Cognitive Behavioral Therapy (CBT) and group therapy sessions, however still continues to experience depressed mood and feelings of dejection. The continued need for medication management is clinically indicated, however three sessions are excessive. Thus, the request for Psychopharmacology management for one month; 3 sessions is not medically necessary. It is to be noted that the UR physician authorized one session.

Home care by a skilled LVN; 24 hours a day 7 days a week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: Home Health Services Page(s): Page(s) 51.

Decision rationale: MTUS states "Home health services are recommended only for otherwiserecommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by homehealth aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" The reviewed documentation does not suggest that the injured worker is completely homebound or unable to perform any ADL's. Thus, the request for MTUS states "Home health services are recommended only for otherwiserecommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by homehealth aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004)" The reviewed documentation does not suggest that the injured worker is completely homebound or unable to

perform any ADL's. Thus, the request for Home care by a skilled LVN; 24 hours a day 7 days a week is not medically necessary at this time.