

<b>Case Number:</b>	CM14-0219333		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old woman sustained an industrial injury on 10/23/2009. The mechanism of injury is not detailed. Current diagnoses include major depressive disorder, single episode, moderate, and psychogenic pain, site unspecified. Physician notes on a PR-2 dated 11/18/2014 show severe depression symptoms from both objective and subjective data. Recommendations include psychotherapy support group, in Spanish, targeting anxiety symptoms and participation in an anxiety management class with a spanish speaking therapist. On 12/3/2014, Utilization Review evaluated prescriptions for three follow up office visits (one visit every other month) and five weekly sessions in an anxiety management group therapy with a spanish speaking therapist, that were submittted on 12/31/2014. The UR physician noted that although the request for three office visits are generally well accepted, a request for a psychiatric evaluation was already accepted. Regarding the request for group therapy, the reports from the previous therapy sessions are not available for review and the amount of sessions that were received is not clear. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Follow up office visits (one visit every other month):** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 127

**Decision rationale:** The patient presents with severe depression symptoms. The current request is for 3 Follow up office visits (one visit every other month). The treating physician report dated 11/18/14(22A) states, (The patient) completed the patient Health Questionnaire (PHQ-9), Spanish version. She obtained a total score of 24 indicating a severe level of depression. This is in same range as previous administration of this measure on 8/14/14. The report goes on to state, Medication management with psychiatrist: Once every other month. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Medical reports provided show the patient has shown symptoms of severe depression over a long period of time. In this case, the patient presents with severe depression and the treating physician is requesting a follow up with the patient once every other month in order to monitor the patient's medications and ensure that they are maintaining their efficacy. Furthermore, the patient is presenting with symptoms that have remained largely the same since a follow up on 8/14/14, and the physician feels that the patient will benefit from a periodic check-up in order to adjust or continue current medications. Recommendation is for authorization.

**Anxiety management group therapy with a Spanish speaking therapist 5 weekly group sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Group Therapy

**Decision rationale:** The patient presents with severe depression symptoms. The current request is for Anxiety management group therapy with Spanish speaking therapist 5 weekly group sessions. The treating physician report dated 11/18/14(22A) states, I am requesting a weekly psychotherapy support group in Spanish targeting anxiety symptoms. It has been difficult for this patient to receive adequate mental health treatment due to inconsistency of interpreters and treatment would be most effective with a Spanish speaking therapist. The report goes on to state, (The patient) completed the Generalized Anxiety Disorder 7 which is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder. She obtained a total score of 17 indicating a severe level of anxiety. This is in the same range as previous administration of this measure on 8/14/14 though not as severe. The MTUS does not directly

address group therapy. The ODG has the following: Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. In this case, the medical reports provided show the patient has shown symptoms of severe anxiety for a long period of time and the treating physician feels that the patient will greatly benefit from group therapy with a Spanish speaking therapist. Furthermore, the ODG supports group therapy as an option and current findings do not favor any particular type of group therapy over other types. The current request satisfies the ODG guidelines as outlined in the mental illness and stress chapter. Recommendation is for authorization.