

Case Number:	CM15-0064929		
Date Assigned:	04/10/2015	Date of Injury:	09/10/2009
Decision Date:	05/18/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/04/2015

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 53 year old female, who sustained an industrial/work injury on 9/10/09. She reported initial complaints of anxiety, panic attacks, and depression due to stress. The injured worker was diagnosed as having major depressive disorder, single episode, mild; generalized anxiety disorder, agoraphobia, and insomnia related to the anxiety disorder. Treatment to date has included prior psychiatric evaluation and treatment in 2010 and 2012. Currently, the injured worker complains of chronic depression and anxiety that has worsened over the past six months. Per the physician's report from 1/30/15, examination was done on 1/27/15 and 1/30/15 with note of significant history of anxiety, panic attacks, and depression which developed due to her exposure to stress. Since her initial evaluation, she developed an exacerbation in her emotional condition. Her chronic gastrointestinal problems had worsened; she was tearful during the session, concerned about her deteriorating physical and mental condition. A battery of testing was performed that indicated severe anxiety and depression with persistent thoughts of death. Cognitive-behavioral psychotherapy and relaxation training on a weekly basis as well as psychiatric evaluation and monthly follow up was recommended. The requested treatments include group medical psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy once a week for 6-8 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychotherapy Guidelines.

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

Decision rationale: MTUS is silent regarding this issue. 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 request for Group medical psychotherapy once a week for 6-8 months i.e. 24-32 sessions exceeds the guideline recommendations for an initial trial of psychotherapy for depression and thus is not medically necessary.