

Case Number:	CM15-0066936		
Date Assigned:	04/14/2015	Date of Injury:	09/08/2006
Decision Date:	05/13/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/08/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 60 year old female whose sustained a slip and fall injury on 9/8/06. The diagnoses have included major depressive disorder single episode without psychotic features. Treatments to date have included medications, diagnostics, activity modifications, surgery, conservative measures, and psychiatric care. [REDACTED] has made requests to authorize bariatric surgery for the patient's obesity. In a physician progress note of 3/11/15, the injured worker complains of feeling depressed and anxious. She is obese and experiencing lower extremity pain and difficulty ambulating with unsteady gait. She has experienced falls due to weakness in the knees. She ambulates with a walker but states that it is very painful to her shoulders and wrists. The objective findings revealed that she displayed a depressed mood and affect. She attributes unexplainable fear to her anxious and emotional state. She is depressed, overeats when anxious, and has difficulty sleeping. She was observed to grimace frequently during the session. On 02/18/15 and on 04/02/15 requests for 12 individual psychotherapy and 12 group therapy visits were both modified to #6, the reason being that she had exceeded guidelines and this would allow tapering down of sessions. In that same UR psychopharmacology management, Prozac 40mg, and Trazodone 100mg were all approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 individual therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS is silent regarding cognitive therapy for major depressive disorder. ODG Mental Illness & Stress Cognitive therapy for MDD major depressive disorder Recommended. Cognitive behavior therapy for depression 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. Effects may be longer lasting (80% relapse rate- with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. (Corey-Lisle, 2004) A recent meta-analysis concluded that psychological treatment combined with antidepressant therapy is associated with a higher improvement rate than drug treatment alone. In longer therapies, the addition of psychotherapy helps to keep patients in treatment. (Pampallona, 2004) For panic disorder, cognitive behavior therapy is more effective and more cost-effective than medication. (Royal Australian, 2003) The gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy. ODG Psychotherapy Guidelines:- 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.

Decision rationale: The patient suffers from major depressive disorder and has apparently received psychotherapy sessions in excess of recommended guidelines. UR's of 02/18/15 and 04/02/15 both modified requests for 12 additional visits to #6 visits to taper down. This has had sufficient time to have occurred. As such this request is not medically necessary.

12 group therapy visits: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS does not address group psychotherapy for major depression. ODG Mental Illness & Stress Group psychotherapy 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. (Foy, 2000) See also PTSD

psychotherapy interventions. Number of visits should be contained within the total number of Psychotherapy visits.

Decision rationale: ODG recommends group psychotherapy as a supportive environment for PTSD patients; however this patient does not suffer from PTSD. In addition, group therapy should be contained within the total number of psychotherapy visits. UR's of 02/18/15 and 04/02/15 both modified requests for 12 additional visits to #6 visits to taper down. This has had sufficient time to have occurred. Given that the request for individual therapy is noncertified, this request is not medically necessary as well.