

<b>Case Number:</b>	CM13-0015355		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	07/28/2000
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Occupational Medicine and is licensed to practice in California. 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:

The patient is a represented [REDACTED] employee who has filed a claim for opioid dependence, chronic elbow pain, and upper extremity paresthesia reportedly associated with an industrial injury of July 28, 2000. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; multiple psychotropic medications, including antipsychotics; earlier elbow surgery; and extensive periods of time off of work. In an earlier utilization review report of July 19, 2013, the claims administrator partially certified two sessions of psychotherapy and two medication management visits. The patient subsequently appealed. In an appeal letter dated August 21, 2013, the patient was described as having sustained disabling industrial injuries. The patient has not worked since August 2000. The patient was having ongoing issues with chronic pain, depression, hypoactive sexual function, and depression. The patient had previously seen a psychotherapist on several occasions, it was acknowledged. It was stated that the patient might require detoxification from his chronic pain medications, which could heighten his anxiety. The patient was presently on Cymbalta, Ativan and Ambien, it was stated. The patient had formally used antipsychotic medications, including Risperdal and Abilify, which the patient had apparently ceased using. The patient had reportedly gained weight and become socially withdrawn, it was stated. A medical-legal evaluation dated June 24, 2013 suggested that the patient should see his psychiatrist on a monthly basis and his psychotherapist at least two times a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) SESSIONS OF PSYCHOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** The patient had seemingly had extensive amounts of psychotherapy over the life of the claim. He has failed to profit from the same. The patient remains off of work, several years removed from the date of injury. The patient remains highly reliant on multiple psychotropic medications. All of the above, taken together, imply that the earlier psychotherapy has been ineffectual as defined by the parameters established in MTUS 9792.20f. As further noted in the MTUS-adopted ACOEM Guidelines in chapter 15, page 405, a patient's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. ACOEM further notes that the referral for psychiatric assessment or vocational counseling may be appropriate in patients who have reported significant dissatisfaction for several months and/or have failed to return to work. In this case, the patient has in fact failed to return to work and has not improved appreciably with earlier psychotherapy. Therefore, the request for additional psychotherapy is not medically necessary.

**FOUR (4) SESSIONS OF MEDICATION MANAGEMENT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, patients in more serious conditions may need a referral to psychiatrist for medicine therapy. In this case, the patient is using numerous psychotropic medications. He has used antipsychotics in the past. He has failed to respond favorably to lesser levels of care, including psychotherapy. Treatment and ongoing follow-up visits with psychiatrist for medication management purposes are therefore indicated. Therefore, the request is medically necessary.