

<b>Case Number:</b>	CM13-0021493		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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:

This is a female patient with a date of injury on 07/22/13. A note, indicating a date of service on 07/23/13 and 07/24/13, indicates she complains of headaches and difficulty sleeping. She indicates she feels overwhelmed at work. The patient reported pain to the left side associated with increased work stress 4 months ago. She is diagnosed with anxiety disorder. She was seen in psychiatric evaluation on 08/12/13. She has complaints of anxiety, depression, sleep disorder, irritability, anger, social withdrawal, tearfulness, decreased libido, and poor concentration. She is recommended for 10 sessions of individual psychotherapy as well as 3 sessions of medication management. Her diagnoses include anxiety disorder with psychological factors affecting medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotropic medication three sessions on a monthly basis:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress, section on Office Visits and the American Psychiatric Association Practice Guidelines, <http://psychiatryonline.org/content.aspx?bookID=28&sectionID=1667485#654226>

**Decision rationale:** This patient has undergone extensive psychological and psychiatric evaluation and it has already been decided by the provider that the patient will benefit from psychiatric medication management. Her symptoms of insomnia, depression and anxiety appear to make her a good candidate for a trial of psychiatric medication. Frequent visits would be needed to assess the patient's safety and overall condition, and to monitor lab tests. The request for psychotropic medication three sessions on a monthly basis is medically necessary and appropriate.

**Individual psychotherapy 10 sessions on a weekly basis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks if there is evidence of objective functional improvement. In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. Although this patient has undergone an extensive psychological evaluation, there is no evidence that any psychotherapy has already taken place. As a result, it is not possible for this reviewer to assess the functional improvement, or lack thereof, from the recommended initial trial of 3-4 psychotherapy sessions. The request for 10 individual psychotherapy sessions on a weekly basis is not medically necessary and appropriate.