

<b>Case Number:</b>	CM13-0027729		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 52-year-old male with a date of injury of 07/16/2013. The listed diagnoses per [REDACTED] dated 08/05/2013 are: 1. Posttraumatic stress disorder, chronic. 2. Musculoskeletal tension, chest pain, palpitations, hypertension, diabetes mellitus, hypercholesterolemia, headaches, fatigue, appetite disturbance, weight fluctuations, dizziness, and cold sweats. According to report dated 08/05/2013 by [REDACTED], the patient presents with continued physical and psychiatric complaints. From a physical perspective, the patient experiences musculoskeletal tension in his neck and shoulders. He also complains of episodes of chest pain and palpitations typically during times of heightened anxiety. The patient also has hypertension, diabetes mellitus, and hypercholesterolemia all of which "apparently were exacerbated by work-related stress." The patient also notes to have headaches 2 times per week and is chronically fatigued with decreased appetite. From a psychological perspective, the patient experiences depressed mood 3 to 5 days out of the week. He also experiences episodes of anxiety, passive suicidal ideation, and difficulty sleeping. He is noted to experience flashback, ruminations, and nightmares of the traumatic work-related events. He is noted as hypervigilant of his surroundings. He is irritable, short-tempered, and socially withdrawn. The treater requests psychotherapy x12 sessions and internal medicine consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of Psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient presents with continued physical and psychiatric complaints. Treater requested 12 psychiatric treatments including psychotherapy and psychotropic medication consultations. Utilization review dated 09/06/2013 denied request for "lack of psych evaluation." To the contrary, this patient has gone through extensive psych evaluation with [REDACTED], and the results are discussed in his report dated 08/05/2013. The MTUS chronic pain guidelines indicate psychological treatment is recommended "for appropriately identified patients doing treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders such as depression, anxiety, panic disorder, and posttraumatic stress disorder." The MTUS Guidelines do not provide guidance as to the appropriate amount, duration, or frequency of treatment. Therefore, the ODG Guidelines were referenced. "ODG Guidelines note that psychological intervention may be warranted when emotional distress mitigates recovery or delays return to work. The guidelines supported initial 6 to 10 sessions of psychotherapy for affective disorders with additional sessions up to 13 to 20 total sessions contingent upon objective evidence of functional improvement." The medical file provided for review indicates that the patient continues to experience symptoms of psychiatric condition and psychotherapy treatments may be warranted for additional support. However, the requested 12 sessions exceeds what is recommended by MTUS Guidelines. Therefore, recommendation is for denial.

**Internal Medicine consult:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** This patient presents with continued physical and psychiatric complaints. The treater requested an internal medicine consult for patient's hypertension, diabetes mellitus, and hypercholesterolemia. Utilization review dated 09/06/2013 denied request stating, "There are no clinical deficits outlined which necessitates for this type of consult." ACOEM Practice Guidelines Second Edition 2004 page 127 states, "Health practitioner may refer to other specialist 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. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." Given the patient's clinical problems that include multiple internal medicine issues, recommendation is for authorization.

