

<b>Case Number:</b>	CM13-0049862		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 52-year-old female who reported an injury on 01/27/2000. The mechanism of injury was not provided in the medical records. The patient was diagnosed with a mood disorder, panic disorder with agoraphobia and impulse control disorder. The patient's symptoms include depressed mood and anhedonia, sleep and appetite disturbance, agitation and irritability. The patient continued to experience visual hallucinations. The patient denied recent paranoid or suicidal ideation. Her depression is intermittent and alternates with brief hypomanic episodes, which did not reach the threshold for mania or bipolar disorder. The patient also reported episodes of sleepwalking. The patient's medication regimen included Abilify, clonazepam, dronabinol, Cymbalta, modafanil, gabapentin and Topamax as well as Reglan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT PSYCHIATRIC 6 MONTHLY VISITS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTION Page(s): 23, 101-102.

**Decision rationale:** According to the California MTUS Guidelines, psychological treatment is recommended for patients during treatment of chronic pain. Psychological interventions for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function and addressing comorbid mood disorders (such as depression, anxiety, panic disorder and posttraumatic stress disorder). The ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain further state that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks; and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 or 6 weeks. The documentation submitted for review indicated that the patient had previous psychotherapy visits; however, the specific number of visits was not provided. Therefore, it is unclear as to whether the patient has exceeded the recommended number of 10 visits. In addition to that, the documentation failed to provide evidence of objective functional improvement made throughout those sessions. Therefore, the request for additional psychotherapy sessions is not supported. Given the above, the request for outpatient psychiatric for 6 monthly visits is non-certified.