

<b>Case Number:</b>	CM13-0062189		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 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 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 injured worker (IW) is a 31 year old male with date of injury 8/27/2010. Report from 10/05/2013 states that IW is experiencing emotional symptoms and distress related to his physical work related injuries. BDI score is 49 (severe depression); BAI score is 68 (severe panic or anxiety); epiworth sleepiness scale score of 16 (significant trouble with dosing). Diagnosis of Adjustment disorder with mixed anxiety and depressed mood was given to IW per that assessment. Report from 07/25/2013 by Psychiatrist suggests that the IW was in agony, agitated, angry, depressed, irritated, frustrated because of the pain problems on mental state examination. Diagnosis was of Pain disorder due to Psychological factors and general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **INDIVIDUAL AND GROUP PSYCHOTHERAPY 1 TIME PER WEEK FOR 12 WEEKS:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- PSYCHOLOGICAL TREATMENT,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 23,100-102.

**Decision rationale:** The MTUS guidelines recommend initial trial of 3-4 psychotherapy visits over 2 weeks. The IW has psychological problems related to the chronic pain due to the industrial injury. Individual or group therapy could be useful for the IW. However, the request is for 12 sessions which is in excess of the guideline recommendations. Therefore, the request as written is not medically necessary.

**LAB WORK: COMPLETE METABOLIC PANEL (CMP): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carbamazepine (Tegretol®, Tegretol®-XR, Carbatrol®, E.

**Decision rationale:** MTUS recommends laboratory monitoring for certain medications such as Carbamazepine, certain anti inflammatory medications etc It is unclear as to why the request for complete blood panel which includes metabolic pane, complete blood counts and thyroid function test is made. MTUS suggests monitoring of labs for certain medications such as tegretol, certain pain medications etc. The IW is not prescribed any medications that require laboratory monitoring. Additional information is required to affirm medical necessity.

**CBC (COMPLETE BLOOD COUNT): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Carbamazepine (Tegretol®, Tegretol®-XR, Carbatrol®, E.

**Decision rationale:** MTUS recommends laboratory monitoring for certain medications such as Carbamazepine, certain anti inflammatory medications etc It is unclear as to why the request for complete blood panel which includes metabolic pane, complete blood counts and thyroid function test is made. MTUS suggests monitoring of labs for certain medications such as tegretol, certain pain medications etc. The IW is not prescribed any medications that require laboratory monitoring. Additional information is required to affirm medical necessity.

**THYROID FUNCTION TEST: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carbamazepine (Tegretol®, Tegretol®-XR, Carbatrol®, Epitol®, Equetro®, page(s) 2 Page(s): 2.

**Decision rationale:** MTUS recommends laboratory monitoring for certain medications such as Carbamazepine, certain anti inflammatory medications etc It is unclear as to why the request

for complete blood panel which includes metabolic pane, complete blood counts and thyroid function test is made. MTUS suggests monitoring of labs for certain medications such as tegretol, certain pain medications etc. The IW is not prescribed any medications that require laboratory monitoring. Additional information is required to affirm medical necessity.