

<b>Case Number:</b>	CM13-0062525		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/25/2005
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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:

54 yo female with date of injury 11/25/2005. Date of UR decision was 12/2/2013. She was attacked by a pack of dogs at work. Diagnosed with PTSD, dysthymia per progress report dated 8/31/2013. Has been diagnosed with Major Depressive episode, moderate, insomnia/non organic sleep disorder and has been treated with various psychotropic medications and individual counseling. Has been on ambien, cymbalta, sertraline, ativan, melatonin, prn vistaril, prazosin during the course of treatment. Progress note by Psychiatrist on 9/27/2013 states that "she has anxiety attacks, wants to get off meds as she can't drive while feeling foggy on these, has sleep walking with ambien" The progress report from 9/27/2013 also reflects that the injured worker tried to self taper from ambien and benzodiazepines and changed psychiatrists due to dissatisfaction with the previous psychiatrist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**additional Psychiatric Visits times 4-6 times 6 months:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** MTUS is silent on this topic Office visits: Recommended as determined to be medically necessary The injured worker has been following up with Psychiatrist for medication management. She continues to have symptoms related to PTSD, anxiety etc which require follow up and medication adjustment. The above requested Psychiatric visits q4-6 weeks for 6 months will be approved at this time as it is medically necessary. Once a medication regime is maintained then further follow up can be done by primary provider .

**additional Individual Psychotherapy Visits:** Upheld

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

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

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) ODG Psychotherapy Guidelines: "- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) ODG Psychotherapy Guidelines: "- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) - In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The request doesn't specify the number of additional individual psychotherapy sessions that are needed, the functional goals for treatment etc. Additional information is required to ascertain medical necessity.

