

<b>Case Number:</b>	CM13-0062695		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2006
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 New York. 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 claimant is a 53-year-old man with date of injury of 7/19/2006 who while performing his usual and customary duties as a carpenter he macerated his left ring finger with an electric saw. He has been diagnosed with Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) along with his chronic pain syndrome. Chart note on 7/29/2013 revealed that patient's wife was distancing herself due to his ongoing depression and irritability. He had been having reduced appetite with loss of weight of 20lbs. At this stage his psychotropic medication regimen included Remeron 30mg qhs, Prozac 30mg qd and Ambien 10mg qhs. An examination on 9/30/2013 revealed a "anxious, apathetic, depressed" mood. At this time Prozac was stopped and Cymbalta started. Evaluation on 11/13/2013 showed insomnia (secondary to pain,) reduced appetite, fatigue, loss of libido, hopelessness, anxiety, distractibility and memory difficulties. On 11/25/13 the reviewer spoke with the claimant's psychologist who noted that the claimant was not significantly better with in terms of anxiety and depression symptoms (unclear how many sessions had been attended.) The psychologist requested authorization for 12 cognitive behavioral therapy sessions and an unspecified number of psychiatric medication management sessions. A visit on 12/11/2013 revealed depressed mood with "passive suicidal ideation" along with severe anxiety. On 12/18/2013 it was noted that the patient found the session of 12/11/13 to be helpful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychopharmacological treatment in conjunction with individual psychotherapy (unspecified duration): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The Physician Reviewer's decision rationale: ACOEM Stress related conditions chapter states that the "frequency of follow up visits may be determined by the severity of symptoms whether the patient was referred for further testing and or psychotherapy and whether the patient is missing work." The request is non-specific and ambiguous - if the request is for a psychopharm visit in conjunction with every psychotherapy visit then this is unnecessary and not supported by any guideline or evidence. Further the frequency and duration of treatment has also not been specified. The request as it is presented (for unlimited, indefinite psychopharmacologic and psychotherapeutic visits) is not medically necessary and should not be certified.