

<b>Case Number:</b>	CM13-0063062		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/29/2010
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/15/2013
<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 an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, 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 represented [REDACTED] employee who has filed a claim for bilateral shoulder pain, psychological distress, and major depressive disorder (MDD) reportedly associated with an industrial injury of March 29, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior shoulder surgery; unspecified amounts of psychological counseling over the life of the claim; a TENS (transcutaneous electrical nerve stimulation) unit; muscle relaxants; and extensive periods of time off work. In a utilization review report of November 15, 2013, the claims administrator partially certified a request for 20 sessions of group psychotherapy as 12 sessions of group psychotherapy and partially certified a request for 6 psychotropic medication management sessions as 4 psychotropic medication management sessions. The patient's attorney subsequently appealed. An October 28, 2013, appeal from the treating provider states that the patient has had ongoing issues with a stressful work environment. The patient has been written up, chastised, and reprimanded by her supervisors, it was stated. The patient was given a diagnosis of major depressive disorder (MDD) and placed off work, on total temporary disability. The patient apparently tried to transfer to and from various offices in the [REDACTED]. The patient is described as off work, on total temporary disability, from a mental perspective. The patient is presently on Prozac and Ambien. Additional group cognitive behavioral therapy in the clinic is sought, along with 6 sessions of psychotropic medication management sessions. Multiple psychiatry progress notes interspersed throughout 2012 and 2013 are notable for comments that the patient reports anxiety, depression, and seasonal affective disorder. On each occasion, including on November 30, 2012, and January 2, 2013, the patient was placed off work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **TWENTY SESSIONS OF GROUP PSYCHOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

**Decision rationale:** As noted in the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, a patient's "failure to improve" may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the patient has had prior unspecified amounts of psychotherapy over the life of the claim. The patient has failed to respond favorably to the same. The patient remains off work, on total temporary disability. The patient continues to have ongoing issues with depression, anxiety, insomnia, difficulty coping, difficulty interacting with others, etc. It does not appear that the prior unspecified amounts of psychotherapy over the preceding three to four years have been beneficial. Continued psychotherapy without evidence of functional improvement as defined by the parameters established in the ACOEM Guidelines is not indicated. The request for twenty sessions of group psychotherapy is not medically necessary or appropriate.

### **SIX SESSIONS OF PSYCHOTROPIC MEDICATION MANAGEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

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

**Decision rationale:** As noted in the Stress Related Conditions Chapter of the ACOEM Practice Guidelines, the frequency of follow-up visits may be determined by the severity of symptoms, whether or not the patient was referred for further testing and whether or not the patient is missing work. In this case, the patient is off work, on total temporary disability. The patient has ongoing mental health issues with depression, anxiety, and insomnia. The patient is using several psychotropic medications, including Prozac. Six psychotropic medication management sessions are therefore indicated and appropriate, given the fact that the patient is off work from a mental health perspective. The request for six sessions of psychotropic medication management is not medically necessary or appropriate.