

<b>Case Number:</b>	CM13-0067466		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	04/28/2008
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 42-year-old male who has submitted a claim for chronic depressive disorder and pain disorder associated with both psychological and a general medical condition associated with an industrial injury date of April 28, 2008. Medical records from 2013 were reviewed, the latest of which dated November 11, 2013 revealed that the patient continues to complain of persistent pain in his right shoulder. He feels more depressed and worried about his right shoulder and his future. In the psychotherapy progress report dated October 31, 2013, the patient complained of debilitating pain in his left hand/arm and right shoulder. On physical examination, the patient appeared depressed though he did not admit to depression. Treatment to date has included irrigation and debridement of the right elbow and left wrist with extensor tendon repair of the left third and fifth finger (5/19/08), dorsal capsulotomy revision at the left fifth digit metacarpophalangeal joint (11/19/09), cognitive behavioral therapy, physical therapy, home exercise program, and medications which include hydrocodone, Pristiq, Deplin, Lunesta and trazodone. Utilization review from November 27, 2013 modified the request for continue Psychiatrist treatment to continue medication management for the depression (no frequency or duration) to one psychiatric follow up for medication management of depression because the patient continues to exhibit residual psychiatric impairment and still taking psychotropic medications; however, the patient has received an adequate course of psychopharmacological intervention with only partial response; and denied the request for continue CBT (cognitive behavioral therapy), (no frequency or duration) because the patient has received an adequate course of psychotherapy with only partial response.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUE PSYCHIATRIST TREATMENT TO CONTINUE MEDICATION MANAGEMENT FOR THE DEPRESSION ( NO FREQUENCY OR DURATION):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stress Related Conditions Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

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

**Decision rationale:** The CA MTUS does not specifically address the topic on office visits. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section, was used instead. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient had extensive treatment with psychotherapy and psychotropic medications. He is still taking medications; however, the most recent progress report revealed that the patient still has symptoms of depression. The number of visits requested is unknown. The medical necessity of follow up with psychiatrist was not established. Therefore, the request for Continue Psychiatrist treatment to continue medication management for the depression (no frequency or duration) is not medically necessary.

**CONTINUE CBT (COGNITIVE BEHAVIORAL THERAPY),NO FREQUENCY OR DURATION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Behavioral interventions.

**Decision rationale:** As stated on page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and post traumatic stress disorder). In addition, the Official Disability Guidelines states that with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) is recommended. In this case, the patient had extensive treatment with psychotherapy and psychotropic medications. The patient had cognitive behavioral therapy sessions; however, the total number is unknown due to lack of documentation. The most recent progress report revealed

that the patient is still depressed. Also, there is no evidence of functional improvement. Therefore the request for Continue CBT (no frequency or duration) is not medically necessary.