

<b>Case Number:</b>	CM13-0067506		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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:

The patient is 48-year-old male with date of injury 3/1/2005. Date of UR decision was 11/21/2013. Mechanism of injury was fall from a ladder resulting in injury to head, neck, left shoulder, lower back and left leg resulting in chronic pain. Consequently he developed PTSD and had symptoms of "hypervigilance, exaggerated startle response, actively avoided heights and ladders" per Psychologist report dated 1/16/2014. Has been on Lorazepam, Fluoxetine, Zolpidem. Physician Progress Report from 1/02/13 describes subjective complaints "anxiety, depression, difficulty falling asleep and ringing in ears at night". Psychologist's response on 10/21/2013 was reviewed which suggests that the injured worker has been receiving biweekly therapy for several months with mindfulness/cognitive behavioral approach and that mediation and breathing techniques have helped to reduce anxiety and improve sleep. However, there is no mention of how many sessions of psychotherapy he has received so far or any evidence of objective functional improvement. Report from Psychiatrist on 11/11/2013 suggests that the injured worker has received 7 psychotherapy sessions since 05/2013 with 2 of the sessions being on the telephone. There is mention of him having received psychotherapy prior to that but the number of sessions has not been mentioned

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 individual Psychotherapy Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The submitted documentation does not specify the total number of psychotherapy sessions the injured worker has received so far or any evidence of objective functional improvement. It seems like he has received "biweekly psychotherapy for several months". There is mention of at least 7 sessions since May 2013 and several sessions prior to that. Based on the guidelines quoted above, the request for additional 20 individual psychotherapy sessions is excessive. Thus, the medical necessity cannot be affirmed. Request for 6 sessions of psychotropic medication management cannot be approved at this time. Additional information is required to establish medical necessity.

**The request for 6 sessions of Psychotropic Medication Management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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) Mental illness, Office visits

**Decision rationale:** The injured worker has been seeing a specialist/Psychiatrist for PTSD and has been taking Lorazepam, Fluoxetine, and Zolpidem. He has been on psychotropic medications and has been seeing a specialist on an ongoing basis. There is no mention of how long the medications are intended to be continued, goal of treatment, and at what point the care can be transferred back to the primary provider. Especially since some medications such as Benzodiazepines, sleep aids are not intended for long term use per MTUS which states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Request for 6 sessions of psychotropic medication management cannot be approved at this time. Additional information is required to establish medical necessity