

<b>Case Number:</b>	CM13-0072733		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/13/2006
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 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 51 year old female with date of injury 1/13/2006. The date of UR decision was 12/12/2013. Progress report from 1/2/2013 lists diagnosis of major depressive disorder, single episode; moderate and Psychological factors affecting medical condition. Progress report from 11/01/2013 lists subjective complaints as "depression has diminished; she is still experiencing visual hallucinations". She is taking Prozac 40 mg in am for depression, Ativan three times a day for anxiety, Somnote 500 mg and Lunesta 3 mg at bedtime for insomnia. It states that the injured worker has been taking these medications for over 2 years. The documentation suggested that she was abusing alcohol and inpatient alcohol rehabilitation program was recommended by the treating physician. Report from 10/17/2013 suggested that on 8/5/2013, she had presented to ED for both suicidal and homicidal ideations. She was discharged from psychiatric hospital on 8/26/2013. Medication changes were made during the course of hospital stay. Relapse of alcohol and cannabis abuse occurred after discharge. Injured worker was enrolled in partial hospitalization five days a week which according to the documentation is resulting in her stabilizing to some degree. She was attending 3 out of 5 days scheduled of the partial hospitalization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INTENSIVE OUTPATIENT; THREE TIMES A WEEK FOR SIX WEEKS:** Upheld

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

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

**Decision rationale:** The 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. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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. Upon review of the submitted documentation, it is gathered that the injured worker has been partially compliant with participating in treatment which suggests lack of motivation to get better and also related to substance abuse issues. The request for intensive outpatient program 3 days/week for 6 weeks is excessive per the guidelines. Medical necessity cannot be affirmed at this time.