

<b>Case Number:</b>	CM14-0015529		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 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 injured worker is a 67 year old female with cumulative injury from 6/24/2009-6/29/2010. The date of the UR decision was 1/31/2014. She encountered several industrial injuries such as MRSA sinus infection, right shoulder injury while performing her duties as a corrections nurse. She is status post (s/p) rotator cuff repair in 2012. The report dated 8/23/2013 listed subjective complaints of feeling irritable, problems concentrating, feeling helpless, worried about her physical condition, present and future circumstances, trouble sleeping. On objective findings, she was noted to be anxious, sad and apprehensive. Per the report dated 9/12/2013, she has been diagnosed with Depressive disorder, NOS (not otherwise specified) vs Major Depressive disorder, mild-moderate, Anxiety NOS with aspects of panic, generalized anxiety and post traumatic stress disorder. The report dated 10/4/2013 indicated that she experienced improvement in mood with group psychotherapy but continued to feel sad, frustrated and worried about physical condition. The report dated 11/15/2013 indicated subjective complaints of persisting pain, sleep difficulties, inability to enjoy activities that she used to enjoy. The objective findings included feeling anxious, sad, and worried about physical limitations. The report dated 12/3/2013 listed diagnosis of Bipolar disorder, type 1, mild. The report dated 12/27/2013 indicated improved mood with group psychotherapy however she continued to be quite symptomatic per the subjective complaints in that report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral group psychotherapy 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The injured worker had been receiving group psychotherapy. There is evidence of slight subjective improvement however she still continues to have extensive psychiatric complaints as evident from Progress Reports dated 8/23/2013, 9/12/2013, 10/4/2013, and 11/15/2013; despite participating in psychotherapy groups. She was certified for 10 sessions between 10/31/2013- 1/29/2013. The request for 6 additional Cognitive Behavioral Psychotherapy groups is not medically necessary.

**Relaxation training 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-101.

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

**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: Initial trial of 3-4 psychotherapy visits over 2 weeks -with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, the request for relaxation training for 6 sessions exceeds the psychotherapy guidelines as noted above. The request is excessive. Therefore, relaxation training 6 sessions is not medically necessary.

**Psychiatric treatment 1 x month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-101.

**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 Stress related conditions.

**Decision rationale:** The ODG states Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The request does not specify the length of time the monthly Psychiatric treatment is intended to be continued. The psychiatric diagnostic interview has been deemed as medically necessary; however the need for monthly Psychiatric treatment would be based on the results of the diagnostic interview and the treatment recommended per that interview. The psychiatric treatment is not medically necessary at this time.

**Psychiatrist diagnostic interview:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Psychological Evaluations.

**Decision rationale:** The report dated 8/23/2013 listed subjective complaints of feeling irritable, problems concentrating, feeling helpless, worried about her physical condition, present and future circumstances, trouble sleeping. On objective findings, she was noted to be anxious, sad and apprehensive. Per the report dated 9/12/2013, she has been diagnosed with Depressive disorder NOS vs Major Depressive disorder, mild-moderate, Anxiety NOS with aspects of panic, generalized anxiety and post traumatic stress disorder. The report dated 10/4/2013 indicated that she experienced improvement in mood with group psychotherapy but continued to feel sad, frustrated and worried about physical condition. The report dated 11/15/2013 indicated subjective complaints of persisting pain, sleep difficulties, inability to enjoy activities that she used to enjoy. The objective findings included feeling anxious, sad, and worried about physical limitations. The report dated 12/3/2013 listed diagnosis of Bipolar disorder, type 1, mild. The report dated 12/27/2013 indicated improved mood with group psychotherapy however she continued to be quite symptomatic per the subjective complaints in that report. Based on the ongoing symptoms that the injured worker has been experiencing, the request for a psychiatrist diagnostic interview is medically necessary.