

<b>Case Number:</b>	CM14-0020000		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/01/2005
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 in Psychology and is licensed to practice in Texas. 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 48 year old male who reported an injury on March 1, 2005 secondary to a fall from a ladder. The diagnoses included post-traumatic stress disorder, depression and chronic pain. Letters dated November 11, 2013 and January 16, 2014 reported moderate levels of depression and anxiety with a high degree of preoccupation with somatic symptoms and physical functioning and would be likely to react to stress with psychological symptoms. The letters also report the injured worker has not yet begun psychotropic medication therapy. The injured worker had received at least 7 prior psychotherapy visits. The treatment plan included 20 more psychotherapy sessions and 6 psychotropic medication management sessions. The request for authorization dated January 16, 2014 is in the documentation provided.

### 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 ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

**Decision rationale:** The request for 20 individual psychotherapy sessions is not medically necessary. The California MTUS Guidelines recommend psychotherapy. 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. Official Disability Guidelines recommend Cognitive Behavioral Therapy (CBT) for chronic pain to screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks is recommended. The documentation reported the injured worker to have moderate levels of depression and anxiety with a high degree of preoccupation with somatic symptoms and physical functioning and would be likely to react to stress with psychological symptoms. However, there is no quantitative evidence of testing for level of depression, anxiety or other psychological signs and symptoms in the form of formal test scores in the documentation provided. There is also no quantitative evidence of testing for level of depression, anxiety or other psychological signs and symptoms in the form of formal test scores after the initial sessions in the documentation provided. The injured worker had received at least 7 prior psychotherapy visits. This amount combined with the total of 20 more visits well exceeds the recommended number of visits. Therefore, based on the documentation provided, the request is not medically necessary.

#### **6 PSYCHOTROPIC MEDICATION MANAGEMENT SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & 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 And Stress Chapter, Office Visits.

**Decision rationale:** The request 6 psychotropic medication management sessions is not medically necessary. The California MTUS ACOEM Guidelines do not address psychotropic medication management sessions. The Official Disability Guidelines state 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 injured worker has been evaluated for psychological treatment. However, the injured worker is not on psychotropic medication at this time. Therefore, based on the documentation provided, the request is not medically necessary.