

<b>Case Number:</b>	CM14-0123406		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/21/2008
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Psychologist 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 52-year-old male who reported injuries of an unspecified mechanism on 06/21/2008. On 07/03/2014, his active problem list included depression NOS, anxiety state NOS, neck pain, chronic pain, myofascial pain, shoulder pain, rotator cuff disorder, chronic pain syndrome, dysthymic disorder, numbness, carpal tunnel syndrome, facet joint disease of the cervical region, and degeneration of cervical intervertebral disc. It was noted that he was being followed by another provider for his depression and was taking mirtazapine for depression due to chronic pain. He reported being very depressed due to the debilitating nature of his pain. He was teary eyed while talking about how much his chronic pain controlled his life and how depressed it made him. He stated he would like to continue with counseling. He described his pain as aching and burning in the head, neck, shoulders, left mid back, and low back. He rated his pain at 7/10 to 8/10 without pain medications and 5/10 to 7/10 with medications. His medications included mirtazapine 15 mg, Lyrica 100 mg, Wellbutrin XL 150 mg, Motrin 800 mg, Xanax 0.5 mg, Niaspan 1000 mg, Prilosec 20 mg, Colace 100 mg, Lidoderm patches, aspirin 81 mg, and Depakote 250 mg. There was no objective documentation regarding his use of mirtazapine, Wellbutrin, Lyrica, Depakote or Xanax, including any decrease in psychological symptoms or increase in functional abilities. He scored 17 on the PHQ-9 depression inventory, which indicated moderately severe depression. The treatment plan recommendations were for 6 followup visits for counseling, because it was felt that it was important for him to see a psychologist to help him with his depression due to his chronic pain. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up appointments with the psychologist for 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 6/12/14), Office Visits

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

**Decision rationale:** The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The Official Disability Guidelines recommend cognitive behavioral therapy for depression, stating that the effects may be longer lasting than therapy with antidepressants alone. Timeframes include up to 13 to 20 visits over 7 to 20 weeks if progress is being made. It is unclear from the submitted documentation how many sessions of psychotherapy this injured worker had already attended. There was no documentation of decrease in pain, decrease in psychological symptoms, or increase in functional abilities with his psychotherapy. Despite treatment with two antidepressant medications, two anti epileptic medications and an anti anxiety agent as well as psychotherapy, this injured worker was still exhibiting symptoms of depression related to his pain. This brings the efficacy of the the current treatment regimen into question. The need for continued psychotherapy was not clearly demonstrated in the submitted documentation. Therefore, this request for Followup Appointments with the Psychologist for 6 sessions is not medically necessary.