

<b>Case Number:</b>	CM14-0135459		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/10/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Psychiatry & Neurology, has a subspecialty in Addiction Medicine 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:

Records reviewed include 480 pages of medical and administrative records. The injured worker is a 49 year old male whose date of injury is 05/10/2010. The nature of the injury is to the right shoulder, right hand, left hand, and neck. He underwent shoulder surgery in 10/2012. The primary diagnosis is major depressive disorder. The patient reported a psychiatric stress reaction related to his injuries manifested by paranoia, depression, anxiety, and post-traumatic stress symptoms related to his experiences in Vietnam during the civil war. He ambulates with a walker. He underwent psychological treatment in early 2011, precipitated by a suicide attempt (overdose on prescription medications). He was then given medications for anxiety, depression, "hearing voices", and was given psychotherapy (individual and group). A psychology report of 06/25/14 found the patient at maximum medical benefit from psychotherapy. He had been seen in psychotherapy since at least 2012, apparently having 117+ visits thus far. There was no suicidal ideation, plan, or intent. His Beck inventory scores were severe for both depression and anxiety. He expressed the desire to be rehabilitated and return to work. Current medications include Ketoprofen, Lidoderm patch, Prevacid, Clonazepam, Risperidone, Fluoxetine, Trazodone, and Bupropion XL. A progress report of 07/19/14 has the patient endorsing auditory and visual hallucinations, with the medications being helpful. Mood was apprehensive. A progress report of 08/18/14 shows his diagnoses to be depressive disorder NOS, generalized anxiety disorder, male hypoactive sexual desire, and insomnia. Objectively he is sad and anxious, poor concentration, preoccupied with current symptoms and levels of pain. Subjectively the patient reported emotional improvement but persisting pain impeding his ability to sleep. He felt tired and sleepy during the day, as well as sad, nervous and tense. He reported nightmares and bouts of anxiety, with difficulty concentrating, focusing, and remembering

things, loss of appetite due to sadness and GI disturbance. These subjective and objective observations are essentially the same with each progress report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychotherapy for depression/anxiety/pain 1 x per month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 231. Decision based on Non-MTUS Citation ODG Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Therapy for Depression.

**Decision rationale:** This request for psychotherapy once per month does not specify a quantity or length of time. The patient has been in psychotherapy since 2011 and has received at least 117 sessions as of the records reviewed herein. Both CA-MTUS and ODG allow for initial trials and then further sessions with evidence of objective functional improvement, up to 20 visits over 20 weeks in the case of ODG. After reading psychological progress reports provided, there does not seem to be any significant objective functional improvement, up to and including the last report dated 08/18/14. The patient's observed and reported symptoms remain almost identical in each report, and he has clearly exceeded both MTUS and ODG guidelines for number of recommended sessions. As such, the request for Psychotherapy for Depression/Anxiety/Pain 1 x per month is not medically necessary.