

<b>Case Number:</b>	CM14-0155415		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/15/1991
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	09/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 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 71-year-old male who has submitted a claim for insomnia, depression, and anxiety associated with an industrial injury date of 5/15/1991. Medical records from 8/12/2014 up to 9/7/2014 were reviewed showing that the patient complains of severe depression with profound levels of sadness, hopelessness, loss of motivation, pleasure, and interest. He reported almost a catatonic state at times. He also reported suicidal ideations, sleep disturbance, and paralyzing anxiety, panic, and agoraphobia. As per utilization review, the patient has undergone multiple psychotherapy sessions since 2008. Objective findings revealed profound levels of dysphoria, anhedonia, amotivation, low energy, agitation, hopelessness, anxiety, and panic. He expressed suicidal ideation with impaired memory. His mood was observably significantly worse than it had been for many years. Treatment to date has included psychotherapy, Levoxyl, metformin, and Xanax. The utilization review from 9/7/2014 denied the request for 14 sessions of Psychotherapy (DOS:3/6/14;3/20/14;4/17/14;5/1/14;5/15/14;5/29/14;6/12/14;6/26/14;7/10/14;7/24/14;8/7/14;8/21/14; 8/28/14). There were no significant objective findings to show that the patient was improving with therapy, and that there was no specific rationale to indicate how the provider's therapy would result in a different outcome from past treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14 sessions of Psychotherapy (DOS:3/6/14;3/20/14; 4/17/14;5/1/14; 5/15/14;5/29/14; 6/12/14; 6/26/14;7/10/14;7/24/14;8/7/14;8/21/14; 8/28/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 398.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Indepe.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. As stated on pages 19-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications is recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient is diagnosed with depression, anxiety, and insomnia. He is complaining of severe depression with profound levels of sadness, hopelessness, loss of motivation, pleasure, and interest. He reported almost a catatonic state at times. He also reported suicidal ideations, sleep disturbance, and paralyzing anxiety, panic, and agoraphobia. As per utilization review, the patient has undergone multiple psychotherapy sessions since 2008. There was no documentation of functional improvement with use of therapy. In addition, the patient has had well over 10 visits of psychotherapy sessions in the past with no objective improvement. It is not clear how the provider's current treatment would result in a different outcome from past treatments. Therefore the request for 14 sessions of Psychotherapy (DOS:3/6/14;3/20/14;4/17/14;5/1/14; 5/15/14; 5/29/14; 6/12/14; 6/26/14; 7/10/14;7/24/14;8/7/14;8/21/14;8/28/14) are not medically necessary.