

<b>Case Number:</b>	CM14-0158651		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	06/24/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

Injured worker is a 56-year-old male with a date of injury of 06/24/2008. Date of the UR decision was 09/22/2014. He encountered low back and neck injury while lifting a box then twisting/bending to lower the box weighing 50-60 pounds. Report dated 8/12/2014 suggested that he was off the methadone and a repeat lumbar epidural injection and a spinal cord stimulator trial were recommended. Psychologist report 01/16/2014 suggested that he had been prescribed Venlafaxine 150 mg daily, Xanax 0.5 mg three times per day, and Lunesta 2 mg at night by a Psychiatrist and had participated in group therapy in the past. He was diagnosed with Major depressive disorder, single episode, severe intensity, without psychotic symptoms; Anxiety disorder not otherwise specified; and Opiate and benzodiazepine dependence in the past. Psychologist report dated 8/28/2014 is unavailable; however per that report weekly psychotherapy sessions x20 and monthly psychotropic medication sessions x 6 were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Weekly psychotherapy sessions x 20:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, pages 115-118, and on the Non-MTUS Official Disability Guidelines (ODG), Psychotherapy Guidelines and Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23 and 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & stress, cognitive therapy for depression

**Decision rationale:** 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, a total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for weekly psychotherapy sessions x 20 exceeds the guideline recommendations as stated above and thus is not medically necessary. The injured worker suffers from psychological symptoms subsequent to chronic pain and thus behavioral management of pain could be helpful. However, the request for 20 sessions is excessive and not clinically indicated in this case.

**Psychotropic medication sessions x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, pages 115-118, and on the Non-MTUS Official Disability Guidelines (ODG), Psychotherapy Guidelines and Pain Chapter

**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:** ODG states that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The psychologist report dated 1/16/2014 suggested that the injured worker had been prescribed Venlafaxine 150 mg daily, Xanax 0.5 mg three times per day, and Lunesta 2 mg at night by a psychiatrist in the past. He carried the diagnoses of major depressive disorder, single episode, severe intensity, without psychotic symptoms; anxiety disorder not otherwise specified; and opiate and benzodiazepine

dependence. However, there is no information available regarding the most recent psychiatric symptoms being experienced by him or information regarding the psychotropic medications being prescribed currently for him. Thus, the request for psychotropic medication sessions x 6 is excessive and not medically necessary.