

<b>Case Number:</b>	CM14-0022695		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/05/2000
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 injured worker is a 65-year-old with date of injury April 5, 2000. Date of the UR decision was January 29, 2014. He suffered back injury while performing his work duties as a TV repair worker. Psychiatrist report dated January 15, 2014 suggested that the injured worker was being prescribed Cymbalta for depression, Lunesta and Trazodone for insomnia and Alprazolam for anxiety. Gabapentin was added at that visit for anti anxiety and mood stabilization effects. Quetiapine was discontinued due to weight gain. His main complaints on that visit were that of weight gain, searing pain. He had been sleeping 8-9 hours per the report. It was suggested in the report that he experiences suicidal thoughts when his pain or anxiety levels increase. It was listed that the psychotherapy was to be continued, however there is no information regarding how many sessions he has received so far or any evidence of objective functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1055-1056.

**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:** The 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 doctor(s) 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. Medication management visits clinically indicated based on the case review. However, the number of visits are unspecified. The request for medication management is not medically necessary or appropriate.

**NINE ADDITIONAL PSYCHOTHERAPY VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068.

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

**Decision rationale:** Psychiatrist report dated January 15, 2014 documented the psychological symptoms the injured worker had been experiencing, the medications being prescribed. It listed that the psychotherapy was to be continued, however there is no information regarding how many sessions he has received so far or any evidence of objective functional improvement. The records show a lack of information regarding past psychotherapy treatment; such as the number of sessions so far, response from past treatment, etc. The request for nine additional sessions of psychotherapy is not medically necessary or appropriate.