

<b>Case Number:</b>	CM14-0030497		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/07/2009
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Licensed in Psychology 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 46-year-old male with a reported date of injury on 04/07/2009. The mechanism of injury was reported as the flooring giving way and the injured worker falling. The injured worker presented with a depressed mood; loss of libido; poor concentration, attention and memory; decreased appetite; worthlessness; no energy; fatigue; irritability and anger. The psychiatric evaluation dated 12/17/2013 revealed elevated scores for major depressive disorder, suicidality, social phobia, and generalized anxiety disorder and alcohol dependence. In addition, the physician indicated that the injured worker had episodic suicidal ideation without a plan or intent to kill or hurt himself. The injured worker's GAF score was recorded at 55. The clinical note dated 03/11/2014 indicated the injured worker presented with symptoms without change, to include depressed mood with anhedonia and loss of libido as well as poor concentration, attention and memory with decreased appetite, worthlessness, low energy and fatigue, irritability and anger, hopelessness and helplessness. At that time, the injured worker denied suicidal ideation. The GAF score on that date was recorded as 56. The physician indicated that the injured worker had minimal improvement in anxiety. The injured worker's diagnoses included major depressive disorder, insomnia, alcohol abuse, chronic pain and financial hardship. The injured worker's medication regimen included Effexor and trazodone. The Request for Authorization for individual psychotherapy was submitted and signed, but not dated. The physician indicated that the injured worker should continue with group therapy for depression and insomnia. In addition, the physician noted that the injured worker was in need of pain management in order to improve. In addition, the physician indicated that not only does the injured worker not get better, but also he could potentially fatally damage self by continuing self-medication in an attempt to decrease his unremitting pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Individual Psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

**Decision rationale:** The California MTUS Guidelines state that psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. Psychological interventions for chronic pain include setting goals, determining the appropriateness of treatment, conceptualizing an injured worker's pain beliefs and coping styles, assessing physiological and cognitive function and addressing comorbid mood disorders. According to the guidelines, it is recommended to identify injured workers who continue to experience pain and disability after the usual time of recovery. In addition, the guidelines state that when pain is sustained in spite of continued therapy (including psychological care), intensive care may be required from mental health professionals to allow for a multidisciplinary treatment approach. According to the clinical documentation provided for review, the injured worker has previously participated in psychological treatment. The psychological evaluation dated 12/17/2013 indicated that the injured worker's GAF score was 55. The clinical note dated 03/21/2014 indicated that the injured worker's GAF was 56. In addition, within the clinical note dated 03/21/2014, the physician indicated that the injured worker presented with the following symptoms without change, to include depressed mood with anhedonia and loss of libido as well as poor concentration, attention and memory with decreased appetite, worthlessness, low energy and fatigue, irritability and anger, hopelessness and helplessness. In addition, the physician indicated that not only does the injured worker not get better, but also he could potentially fatally damage self by continuing self-medication in an attempt to decrease his unremitting pain. The guidelines state that when pain is sustained in spite of continued therapy (including psychological care), intensive care may be required from mental health professionals to allow for a multidisciplinary treatment approach. Therefore, the request for continued individual psychotherapy is not medically necessary.