

<b>Case Number:</b>	CM14-0032585		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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:

This 65 year old male with date of injury 10/2/2012. The date of the Utilization Review (UR) decision was 3/6/2014. The injured worker sustained continuous trauma injury to his right lower extremity. Progress report from 11/4/2013 suggests he had difficulty sleeping at night and experienced anhedonia regarding limitations in his activities of daily living due to the chronic pain associated with the industrial injury. The medications listed per that progress report were Hydrocodone-acetaminophen 10/325, Zolpidem 10 mg and Ibuprofen. Progress Report from 1/27/2014 suggests that he presented for orthopedic re evaluation of his right ankle and right knee. He was noted to still have difficulty sleeping at night although he is being prescribed ambien, which according to the report had been continued to be prescribed for an extended period of time. Report from 10/24/2013 lists psychological symptoms experienced by him as low frustration tolerance, anger, irritability, impatience, insecurity, depression, fatigue, crying episodes, feelings of hopelessness, helplessness, loss of interest in life, moodiness, loss of interest in his usual activities. He was given the diagnosis of Depressive disorder NOS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Cognitive Behavioral Psychotherapy x 8 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Interventions. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive-Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The injured worker has chronic pain secondary to the the industrial injury. Report from 10/24/2013 suggests that he experienced psychological symptoms such as low frustration tolerance, anger, irritability, impatience, insecurity, depression, fatigue, crying episodes, feelings of hopelessness, helplessness, loss of interest in life, moodiness, loss of interest in his usual activities. He was given the diagnosis of Depressive disorder NOS. 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends 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, total of up to 6-10 visits over 5-6 weeks (individual sessions) The request for 8 sessions of Individual Cognitive Behavior Therapy exceeds the number of initial visits recommended by MTUS. Thus, the request for 8 sessions is not medically necessary at this time.

**Psychiatrist Evaluation regarding Medication:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** Report from 10/24/2013 lists psychological symptoms experienced by him as low frustration tolerance, anger, irritability, impatience, insecurity, depression, fatigue, crying episodes, feelings of hopelessness, helplessness, loss of interest in life, moodiness, loss of interest in his usual activities. He was given the diagnosis of Depressive disorder NOS. According to report from 1/27/2014, injured worker Progress was noted to still have difficulty sleeping at night although he is being prescribed ambien, which according to the report had been continued to be prescribed for an extended period of time. ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities" The injured worker has been experiencing psychological symptoms as listed above, which are not being able to be effectively managed by primary provider. Thus, specialty referral/Psychiatrist evaluation regarding medication is medically necessary.