

<b>Case Number:</b>	CM14-0036861		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/03/1995
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 licensed, has a subspecialty 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 51-year-old female who reported an injury on 02/26/1993 of unknown mechanism. The injured worker complained of depressed mood, depressed interest in previously enjoyed activities, sleep disturbance, psychomotor agitation or retardation, anergia, feeling worthlessness or hopelessness, difficulty with concentration, appetite disturbance, anhedonia, indecisiveness, fearfulness, feelings of impending doom, shortness of breath, palpitations or chest pains, fear of lost control, excessive worry, stomach distress, headaches, muscle tension, and anxiety. She also complained of pain 7/10. On psychological evaluation dated 01/16/2014, it was revealed that the injured worker had psychosocial stressors that were severe; severe impaired occupational, social, and family functioning; and the inability to receive medical care as well as a Global Assessment of Functioning score for the current year 50, and the past year 50. However, there was no supporting documentation provided with review. The injured worker had diagnosis of severe major depression without psychotic features, pain disorder associated with both psychological factors and general condition, generalized anxiety disorder, and panic attacks. She had past treatments of oral medications and psychotherapy since October 2012, with no change in status, and no change in the Global Assessment of Functioning score. Her medications were Lortab 10 mg (2 times a day as needed), Flexeril 10 mg (1 to 3 times a day as needed), and Ativan 1 mg (as needed). The treatment plan is for individual telephonic psychotherapy every other week for 6 months. The Request for Authorization form was signed and dated 01/16/2014. There is no rationale for the request for the decision for individual telephonic psychotherapy every other week for 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual telephonic psychotherapy every other week for six (6) months:** 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 behavioral interventions, page(s) 23 Page(s): 23.

**Decision rationale:** The request for individual telephonic psychotherapy every other week for 6 months is not medically necessary. The injured worker complained of depressed interest in previously enjoyed activities, sleep disturbance, psychomotor agitation or retardation, anergia, feeling worthlessness or hopelessness, difficulty with concentration, appetite disturbance, indecisiveness, intense apprehension, fearfulness, feelings of impending doom, shortness of breath, palpitations or chest pains, fear of lost control, excessive worry, stomach distress, headaches, muscle tension, and anxiety. She has had treatments of oral medications as well as psychotherapy without change in status or improvement since October 2012. According to California MTUS Guidelines for Chronic Pain, separate psychotherapy or cognitive behavioral therapy should be considered after 4 weeks. If there is lack of progress from physical medicine alone, an initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended. With evidence of objective functional improvement after the 2 weeks, a total of up to 6 to 10 visits over 5 to 6 weeks is recommended. The clinical documentation does not support the medical necessity for continuation of telephonic psychotherapy. The patient has been seen by psychotherapy since October of last year with no improvement, which also exceeds the recommended number of visits. Therefore, the request for telephonic psychotherapy every other week for 6 months is not medically necessary.