

<b>Case Number:</b>	CM14-0037763		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/15/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Neurology and Addiction Medicine 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 43 year old male whose date of injury is 8/15/11, sustained after lifting a bottle onto a dolly. Diagnoses are depressive disorder not otherwise specified, sleep disorder due to orthopedic condition, insomnia type, and psychological factors effecting medical condition-acceleration of weight gain. He was treated with medications, therapy, epidural spinal injections, aquatic therapy, and fusion of L3-5 on 9/20/12. As of 03/03/14, the patient had 8 psychotherapy sessions without significant progress per progress notes. A 6/03/14 spinal follow up consultation notes that the patient continues to have intermittent and unpredictable pain with sleep disruption. On 11/4/13, his psychiatric evaluation showed symptoms of depression and anxiety with complaints of nervousness, depression, and difficulty concentrating. Sheehan Anxiety Scale=57 (severe), Beck Depression Inventory=28. Medications included Lyrica, Norco, Omeprazole, tizanidine, Xanax 0.25mg twice per day, zolpidem, and Cymbalta 60mg twice per day. Since the injury the patient reported difficulty with rage and anger, Xanax was prescribed. He experienced anxiety in 02/13. Xanax did not control the irritability and agitation so Cymbalta was prescribed. He was on Ambien but still experienced multiple awakenings due to pain. He complained of fatigue, loss of energy, weight gain of 40-50 lbs, poor memory and concentration, loss of self-esteem, earlier awakening, depressed most of day, and loss of interest in intimacy, loss of interest in activity, sadness, and anxiety. Cymbalta was somewhat helpful in curtailing his symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six visits of 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 Behavioral Interventions Page(s): 23.

**Decision rationale:** Per CA-MTUS, cognitive behavioral therapy is 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. As of 03/03/14 the patient had received 8 psychotherapy sessions. There was no further documentation provided to show that the patient had received benefit from psychotherapy. Per CA-MTUS, therapy visits are generally given for a total of up to 6-10 over 5-6 weeks with evidence of objective functional improvement. The patient's self rated metrics (BDI, BAI etc) continued to show severe levels of depression and anxiety, suggesting that significant improvement had not occurred. As such, this request for further care is not medically necessary.