

<b>Case Number:</b>	CM14-0038556		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/23/1983
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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:

Injured worker is a 60 year old female with date of injury 7/23/1983. Date of the UR decision was 3/21/2014. Report dated 12/31/2013 listed subjective complaints of depression, anxiety, chronic pain, irritability and sleep disturbance. Diagnosis of Depression NOS was listed in the report. Report dated 2/3/2014 listed subjective complaints as being miserable, depressed, had been crying, sleeping excessively. Objective findings included that she had been on the medications for more than a decade and found them helpful. She was being prescribed Prozac 60 mg in mornings for depression, Klonopin 2 mg at bedtime for anxiety and Ambien 10 mg nightly for insomnia. It has been indicated that she has received ongoing individual psychotherapy. Per report dated 3/6/2014 based on the evaluation from 2/3/2014, he had Beck Depression Inventory score of 37(severe depression); Beck Anxiety Inventory score 13 (mild depression). Report dated 2/3/2014 suggested that she has a history of fibromyalgia, lupus and has required ongoing treatment and evaluation with a Rheumatologist. It was documented that her fibromyalgia has worsened in absence of rheumatologic treatment since last evaluation by that provider. It was also suggested that she had been drinking 12-15 glasses of wine a week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy; twenty (20) weekly sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines/Mental Illness/Psychotherapy Guidelines.

**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 & stress, cognitive therapy for depression.

**Decision rationale:** Injured worker is a 60 year old female diagnosed with Depression NOS (not otherwise specified). Report dated 2/3/2014 listed subjective complaints as being miserable, depressed, had been crying, sleeping excessively. Objective findings included that she had been on the medications for more than a decade and found them helpful. She was being prescribed Prozac 60mg in mornings for depression, Klonopin 2 mg at bedtime for anxiety and Ambien 10 mg nightly for insomnia. It has been indicated that she has received ongoing individual psychotherapy. ODG Psychotherapy Guidelines recommend: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued, if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions, if progress is being made. The worker was injured in 1983. Documentation suggests that she has been in individual psychotherapy treatment for a long time. There is no information available regarding the total number of sessions she has received or any evidence of objective functional improvement from it. Request for Individual psychotherapy; twenty (20) weekly sessions is excessive and not medically necessary.

**Psychotropic medication management and medication approval six sessions, once monthly:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Mental Illness & Stress, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions; Official Disability Guidelines (ODG) Mental & Stress, Insomnia treatment.

**Decision rationale:** Report dated 2/3/2014 listed subjective complaints as being miserable, depressed, had been crying, sleeping excessively. Objective findings included that she had been on the medications for more than a decade and found them helpful. She was being prescribed Prozac 60 mg in mornings for depression, Klonopin 2 mg at bedtime for anxiety and Ambien 10 mg nightly for insomnia. ODG states Office visits: 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. It has been documented that the injured worker has been on the same psychotropic medications for over a decade. The request for such frequent medication follow ups i.e. Psychotropic medication management and medication approval six sessions, once monthly is excessive and is not medically necessary. Also medications such as Klonopin and Ambien which have been prescribed for the injured worker are not recommended for long term use. Thus the request is not medically necessary at this time.

**Referral to a rheumatologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding referrals, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Referrals page 127.

**Decision rationale:** Report dated 2/3/2014 suggested that this injured worker has a history of fibromyalgia, lupus and has required ongoing treatment and evaluation with a Rheumatologist. It was also documented that her fibromyalgia has worsened in absence of rheumatologic treatment. Chapter 7 of ACOEM guidelines indicated consultations are appropriate to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or employee's fitness to return to work. The injured worker has been following up with Rheumatology in the past. It is unclear if the fibromyalgia or lupus is of industrial origin or not. Request for referral to a rheumatologist is not medically necessary.