

<b>Case Number:</b>	CM14-0039030		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 44 year old male with date of injury 10/11/2011. Date of the UR decision was 3/18/2014. He twisted his left knee and ankle while moving a large steel beam with his co-workers. Per report dated 2/24/2014, he continued to experience depressive symptoms which manifested as sadness, apathy, anxiety, worry about his future, was getting easily frustrated and angry. He was reported to have a notable decrease in libido and sexual functioning. He scored 33 on Beck Depression Inventory (indicative of severe depression), 13 on Beck Anxiety Inventory (indicative of mild to moderate anxiety level). Diagnosis of Mood disorder due to medical and orthopedic condition with mixed emotional features and depressive disorder were given to the injured worker per that report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric visits x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**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, Office visits, Stress related conditions.

**Decision rationale:** The 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." There is no report regarding any psychiatry consultation report. An initial consultation is needed for the need for ongoing psychiatric visits can be established. Thus the request for Psychiatric visits x 6 is not medically necessary.

**Psychotherapy sessions x20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression.

**Decision rationale:** The California MTUS states that behavioral interventions are recommended as an 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). Upon review of the submitted documentation, it is gathered that the injured worker would be a good candidate for Psychotherapy since the chronic pain has been affecting mood, sleep and causing anxiety problems. However, the request for Psychotherapy visits x 20 exceeds the initial trial recommended by the guidelines. Thus, the request for Psychotherapy sessions x 20 is not medically necessary.