

<b>Case Number:</b>	CM14-0048554		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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:

The injured worker is 43 year old female with date of injury 2/11/2009. The date of UR decision was 3/5/2014. She encountered a trip and fall injury at work in which she suffered from bilateral wrist pain, left ankle pain and also right low back problems. Report from 6/20/2014 suggests that he she has finished fourth week of functional restoration program. The reports suggests that she fulfills criteria for Major Depressive disorder, mild to moderate and Panic disorder without agoraphobia. She is being prescribed Effexor ER, Nucynta, Lidoderm patch, Senna and Flector patch. Report from 05/06/2014 suggests that she has been diagnosed with insomnia, anxiety, depression. He BDI score was 22 (moderate depression); BAI score of 23 (moderate anxiety).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy weekly for 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, psychological treatment Page(s): 19-20, 23.

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

**Decision rationale:** The documentation suggests that the injured worker developed chronic pain issues secondary to a trip and fall injury at work. Report from 6/20/2014 suggests that she fulfills

criteria for Major Depressive disorder, mild to moderate and Panic disorder without agoraphobia. She has finished fourth week of functional restoration program. She is being prescribed Effexor ER for mood symptoms. 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. The guidelines suggest initial trial of 3-4 psychotherapy visits over 2 weeks and then total of up to 6-10 visits over 5-6 weeks (individual sessions), with evidence of objective functional improvement. The request for weekly psychotherapy for 6 months ( 24 sessions) is excessive and therefore is not medically necessary.

**Psychiatry Eval and Management monthly for 9 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Report from 6/20/2014 suggests that the injured worker fulfills criteria for Major Depressive disorder, mild to moderate and Panic disorder without agoraphobia. She is being prescribed Effexor ER for mood symptoms. Report from 05/06/2014 suggests that she has been diagnosed with insomnia, anxiety, depression. Her BDI score was 22 (moderate depression); BAI score of 23 (moderate anxiety) .ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities". A specialty referral is medically necessary at this time because of symptoms of depression, anxiety, insomnia for which she is being prescribed Effexor. However, the medical necessity for monthly follow up for medication management cannot be established at this time as she is not taking any psychotropic medications that require any close monitoring by a Psychiatrist. Therefore, the request for Psychiatry Evaluation and Management monthly for 9 months is not medically necessary.