

<b>Case Number:</b>	CM14-0053874		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 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 44-year-old with a reported date of injury on November 1, 2006. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include anxiety, depression, sleep disorders, and suicidal ideations. His previous treatments were noted to include 2 cervical spine surgeries, 1 lumbar spine surgery, psychotropic medications, psychotherapy, and waiting to undergo a second lumbar spine surgery. The progress report dated April 18, 2014 reported the injured worker continued to experience significant levels of chronic pain. The injured worker continued to experience severe symptoms of depression and anxiety, as well as insomnia related to his pain. The injured worker used a cane to aid in his ambulation. The provider reported the injured worker has experienced persistent suicidal ideations. The injured worker reported chronic insomnia, frequent awakening throughout the night, difficulty falling asleep, snoring, irritability, low energy, feeling fatigued during the day, attention and memory problems, and additionally gained approximately ten to fifteen pounds in weight. The request for authorization was not submitted within the medical records. The request is for office visit 45 days for medical management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit, forty-five days for Medical Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, psychotherapy interventions.

**Decision rationale:** The injured worker has received previous psychology sessions. The Stress Related Conditions Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's support and positive coping mechanisms. Generally, patients with stress related complaints can be followed by a mid level practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified or full duty work if the patient has returned to work. Followup by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. The Official Disability Guidelines recommend up to thirteen to twenty visits over seven to twenty weeks (individual sessions), if progress is being made. There is a lack of documentation regarding symptomatic improvement following psychological services. There is a lack of documentation regarding number of previous psychotherapy sessions and previous treatments attempted. Additionally, the request for forty-five days office visits is excessive and exceeds Guideline recommendations. Therefore, the request for Office visit, forty-five days for Medical Management, is not medically necessary or appropriate.