

<b>Case Number:</b>	CM14-0081397		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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:

This is a 40-year-old male with a 10/11/12 date of injury after falling and striking his left armpit. The patient was seen on 2/20/14 for a psychological evaluation and testing. His injury had caused a ruptured spleen and two cracked ribs. He endorsed pain, anxiety, depression, and irritability. It was noted the patient had a prior suicide attempt in 1999 and was evaluated for bipolar depression in 2013.. He reported he was not depressed but more angry and denied any homicidal or suicidal ideation. He also reported anxiety symptoms for which he had been prescribed Xanax and Klonopin for years. He reported worsening anxiety as well as anger and drinking. He has a history of drug use in his 20's. The mental status exam revealed no cognitive abnormalities, no hallucinations or delusions, and no evidence of thought disorder, but the patient was irritable. His diagnosis is Adjustment disorder. There was no evidence of Bipolar disorder. He was seen again on 4/8/1 with the same clinical findings, with a GAF of 51-60. Treatment to date: PT, acupuncture, medications, and chiropractic therapy This request received an adverse determination on 5/21/14, as there was no documentation that the patient had a psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavioral Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. This patient has a psychiatric history that includes a diagnosis of bipolar disorder, a history of drug use/abuse since 2010, and a current diagnosis of adjustment disorder with irritability. He also stated that he was on benzodiazepines for years or his anxiety. He has had 2 psychiatric evaluations with mental status exams and would likely benefit from psychotherapy. While an initial trial of 4 sessions is within guideline recommendations, the patient has sufficient psychiatric disabilities that 6 sessions is reasonable. Therefore, the request for psychotherapy x 6 sessions is medically necessary.