

<b>Case Number:</b>	CM14-0091698		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/09/2004
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Clinical Psychology 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:

According to the records that were provided for this independent review, this patient is a 60 year old female who reported an industrial/occupational work-related injury on 11/09/2004. The injury occurred when she stepped out of a makeup trailer and fell injuring her left hand, wrist, left ribs and left ankle. There may have been a brief loss of consciousness. She has had multiple recent slip and fall accidents in her home; most recently May 2014 that resulted in a foot fracture. She is reporting severe panic attacks, overwhelming depression, severe physical deterioration, and agoraphobia. She has been diagnosed with Major Depressive disorder, severe with suicidal ideation but no immediate plan; Generalized anxiety disorder with agoraphobia and panic attacks; and Mental disorder due to have multiple medical conditions, broken bones in feet, pain, inability to walk, physical impairments and fibromyalgia. The patient has developed neuropathy pain syndrome of the left lower extremity consistent with a diagnosis of CRPS. In January 2014 she was hospitalized for surgery to repair her leg and during the course of the hospitalization she had severe complications. The patient has had off and on again psychotherapy for the past four years with [REDACTED], her treating Psychologist. She reports that the treatment has kept her alive and kept her deteriorating. [REDACTED] has gone to the patient's home to bring food 4-5 times. She remains extremely socially avoidant and isolated and only speaks to one other person, on the telephone, regularly other than her psychologist. An AME report from 2014 concluded that in a more intensive type of treatment is recommended such as her participation in a partial hospitalization program, or an intensive outpatient program; and that her Agoraphobia is the more predominant issue, that the patient will probably require psychiatric treatment indefinitely but that he could not state whether the weekly psychotherapy should be modified, reduced in frequency, or concluded. A request for 4 sessions of additional psychotherapy was made and non-certified. The utilization review rationale for non-certification was that the patient

was recently taken by ambulance to a hospital after falling and that the current status of the patient is not known, and that without clear in detailed documentation the medical necessity of this request has not been established.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Psychotherapy visits, 4.: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy guidelines June 2014 update, Mental Illness and Stress Chapter, June 2014 update.

**Decision rationale:** According to the patient, therapy started in either 2009 or 2010, however medical records only reflect a start date of 2012, so the actual start date is unclear. There was a face to face meeting of the first time in 2013 while the patient was recovering in the [REDACTED]. She has had telephone therapy in 2013 and 2014. The treatment has focused on helping her to maintain her coping skills and hope of improvement. The total number of sessions was not provided it appears that treatment has continued on a weekly basis but with interruptions due to authorization. A treatment plan from 2013 was to provide telephone psychotherapy sessions on a weekly basis, providing cognitive behavioral interventions to reduce anxiety and depression, address agoraphobia, and reduce anxiety and depressive symptomology so that she can begin physical therapy an occupational therapy, and increased her daily activities and quality of life. It is very clear that her treating psychologist has gone to extraordinary lengths to care for this patient, helping her to manage her depression and to navigate the work comp system in order to get needed care that in times of severe disability and difficulty. The medical records provided for review do not offer any treatment plan to help the patient move through her agoraphobia. Telephone therapy was certainly indicated for this patient initially due to her inability to ambulate following foot fracture. It is unclear to what extent now her injury has healed, and he she is able to ambulate at the current time enough to attend therapy in person. The Official Disability Guidelines recommend up to 50 sessions of psychotherapy maximum if progress is being made in the treatment. The patient appears to continue to be isolating to the extreme - lying in bed and using computer without participating in physical activity of any sort or making efforts to break through her isolation and anxiety. Based on the medical records provided for review, it is unclear how many sessions the patient has had to date, so there's just no way of whether not she has had 50 sessions or more, or less. The standard number of treatment sessions for most patients is 13 to 20. Based on the medical records provided for review and the Official Disability Guidelines, the request is not medically necessary and appropriate.