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| <b>Case Number:</b>   | CM14-0097398 |                              |            |
| <b>Date Assigned:</b> | 07/28/2014   | <b>Date of Injury:</b>       | 07/17/2006 |
| <b>Decision Date:</b> | 08/28/2014   | <b>UR Denial Date:</b>       | 06/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2014 |

### 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 55 year old female with date of injury of 7/17/2006. Date of the UR decision was 6/17/2014. She was diagnosed with rotator cuff rupture, status post-surgery on the left shoulder, shoulder pain, chronic pain, myalgia, myositis and carpal tunnel syndrome. Report dated 5/12/2014 suggested that care was to be transitioned to another Psychiatrist because of insurance issues. She was given diagnoses of Major Depressive Disorder, Generalized Anxiety Disorder and Dysthymia. She was continued on Citalopram 40mg daily, Bupropion XL 300mg in the mornings, Bupirone 15mg twice daily, and Trazodone 50/100mg nightly as needed for insomnia. Report dated 07/14/2014 listed that she was continuing to have pain in the bilateral shoulders, pain score of 4 out of 10. Psychiatric review of systems was positive for depression but negative for suicidal ideation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric referral for monthly outpatient therapy: Six (6) visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress, Office Visit.

**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:** Report dated 5/12/2014 suggested that the care was to be transitioned to another Psychiatrist because of insurance issues. She was diagnosed with Major Depressive Disorder, Generalized Anxiety Disorder and Dysthymia. She was continued on Citalopram 40mg daily, Bupropion XL 300mg in the mornings, Buspirone 15mg twice daily and Trazodone 50/100mg nightly as needed for insomnia. The request for Psychiatric referral for monthly outpatient therapy: Six (6) visits are excessive and not medically necessary. The injured worker is not taking medications that would require close monitoring such once monthly follow up visits.

**Individual Psychotherapy weekly visits for (10-12) weeks,# 10-12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

**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:** California MTUS Chronic Pain Medical Treatment Guidelines state 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 ODG Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate Psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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)The ODG Psychotherapy Guidelines recommend an Initial trial of 6 visits. Up to 13-20 visits; over 7-20 weeks (individual sessions), if progress is being made. The request for Individual Psychotherapy weekly visits for (10-12) weeks exceeds the initial trial recommended by MTUS or ODG. Therefore, the request is not medically necessary.