

<b>Case Number:</b>	CM14-0196027		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 60 year old female, who sustained an industrial injury on 7-21-14. She reported psychological problems due to harassment. The injured worker was diagnosed as having depression. Treatment to date has included treatment with a psychiatrist and medication. Currently, the injured worker complains of anger outbursts, anxiety, depression, and sleep difficulty. The treating physician requested authorization for continued treatment with [REDACTED] for medication treatment, 6 group therapy sessions with [REDACTED], and 6 individual psychotherapy using cognitive behavior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Treatment with [REDACTED] for Medication Treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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) Mental Illness & Stress/Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with Depressive disorder unspecified and Anxiety disorder. She has been prescribed medications including Lexapro, Clonazepam and Trazodone and has been receiving treatment in form of psychotherapy and medication management. It has been indicated that she has been experiencing continued symptoms of anger outbursts, anxiety, depression, and sleep difficulty. There is no evidence of objective functional improvement with the treatment thus far. Thus, the request for Continued Treatment with [REDACTED] [REDACTED] for Medication Treatment is excessive and not medically necessary as the request does not provide information response from prior/current treatment and nor does it specify the details of the treatment being requested such as the number of the office visits being requested or the details of the names, quantity etc of the medications being requested. Thus, the request is not medically necessary.

**6 Group Therapy Sessions with [REDACTED]: Upheld**

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

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

**Decision rationale:** 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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 injured worker has been diagnosed with Depressive disorder unspecified and Anxiety disorder. She has participated in psychotherapy treatment. However, there is no clear information regarding the number of sessions completed so far or any objective functional improvement with the same. Thus, the request for 6 Group Therapy Sessions with [REDACTED] is excessive and not medically necessary.

**6 Individual Psychotherapy Using Cognitive Behavior Therapy: Upheld**

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

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

**Decision rationale:** 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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 injured worker has been diagnosed with Depressive disorder unspecified and Anxiety disorder. She has participated in psychotherapy treatment. However, there is no clear information regarding the number of sessions completed so far or any objective functional improvement with the same. Thus, the request for 6 Individual Psychotherapy Using Cognitive Behavior Therapy is excessive and not medically necessary.