

<b>Case Number:</b>	CM14-0025836		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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  
 Certification(s)/Specialty: Internal Medicine

### 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 52 year old male with an industrial injury dated 08/26/2008. His diagnosis included post-traumatic stress disorder, chronic; major depressive disorder, somatic symptom disorder with prominent pain, persistent, severe and psychological factors affecting medical condition. Treatments to date include psychiatric, medications and treatment for non-psychiatric injuries. The injured worker presents on 10/28/2013 complaining of increased depression and anxiety since he is no longer receiving psychiatric treatment in the clinic. He describes himself as severely depressed and despondent. Physical exam revealed a severely depressed mood with evidence of underlying anxiety. The provider documents there have been a clear increase in psychiatric symptoms since discontinuation of individual psychotherapy and psychotropic medications. Authorization was requested for psychotherapy and psychotropic medication consultations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy (20 sessions): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Cognitive therapy for depression, Cognitive therapy for panic disorder.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. 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. Official Disability Guidelines (ODG) state that cognitive behavioral therapy (CBT) for depression is recommended. An initial trial of 6 visits over 6 weeks are ODG guidelines. Cognitive behavioral therapy for panic disorder is recommended. The overwhelmingly effective psychotherapy treatment for panic disorder is cognitive behavioral therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. The psychologist progress report dated October 28, 2013 documented the diagnosis of posttraumatic stress disorder and major depressive disorder. Twenty sessions of psychotherapy were requested. Official Disability Guidelines (ODG) limits an initial trial of cognitive behavioral therapy (CBT) to 6 visits over 6 weeks. The request for 20 psychotherapy sessions exceeds ODG and MTUS guidelines, and is not supported. Therefore, the request for psychotherapy 20 sessions is not medically necessary.

**Psychotropic Medication Management (6 sessions):** Upheld

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

**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 & Stress - Office visits.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses follow-up visits. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions indicate that the frequency of follow-up 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. Official Disability Guidelines (ODG) Mental Illness & Stress indicate that office visits are recommended as determined to be

medically necessary. 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 the health care system through self care as soon as clinically feasible. The psychologist progress report dated October 28, 2013 documented the diagnosis of posttraumatic stress disorder and major depressive disorder. Six office visits for psychotropic medication management were requested. Per ODG, as patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The request for 6 office visits for medication management is not supported by ODG guidelines. Because the future condition of the patient and medication regimen are unknowns, a request for future 6 office visits is not supported by ODG guidelines. Therefore, the request for 6 office visits for psychotropic medication management is not medically necessary.