

<b>Case Number:</b>	CM15-0005481		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	04/11/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Psychologist

### 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 31 year old male, who sustained an industrial injury on April 11, 2013. He has reported the development of spinal pain with lifting when handling furniture. The diagnoses have included annular disc injury of the lumbar spine, cervicgia, pain in thoracic spine, sciatica, disorders of the sacrum, tension headache and depressive disorder. Treatment to date has included physical therapy, TENS unit, psychiatry sessions and medication. The injured worker was evaluated on December 1, 2014. The evaluating physician noted that the injured worker had a psychiatry consultation and was noted to have major depressive disorder, moderate to severe without psychotic features. The injured worker used Prozac as well as Effexor. The evaluating physician noted that in order for the psychiatrist to provide treatment he would need approval of at least ten sessions on at least a monthly basis and perhaps more frequently. The documentation indicates the injured worker would like to have better management of his depression. On December 16, 2014 Utilization Review modified a request for four psychiatry follow-up visits, noting that the request for ten sessions of psychiatry follow-up visits was excessive and modified the certification to four visits. The California Medical Treatment Utilization Schedule referenced ACOEM was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of ten psychiatry follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Psychiatry follow-up visits times 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** Citation: The ACOEM guidelines state that the frequency of follow 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. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. Decision: According to the medical records, the treating provider requested 10 sessions of psychiatric follow-up for this patient to be held one time per month unless more frequent sessions are needed. The request was modified by utilization review to allow for 6 sessions with the remaining 4 sessions non-certified. This request is for authorization for the 4 sessions that were not approved. Although the patient does appear to be an appropriate referral for psychiatric treatment, the quantity of sessions requested is not indicated. The utilization review decision of non-certification is correct as the medical necessity of this request is not substantiated by the documentation provided for consideration for this review. The requesting Psychiatric treatment provider states that he requires at a minimum of 10 sessions, which depending on frequency of visits would reflect up to 10 months of treatment, in order to start treatment. This does not provide an opportunity to meet the requirement of establishing continued medical necessity for a treatment on a regular basis. Six months of psychiatric follow-up treatment have been authorized for patient with what appears based on the medical records to be uncomplicated (e.g. no psychosis or imminent risk of harm to self or other or other severe psychiatric co-morbidity) where such a lengthy course of treatment as 10 months is medically necessary or reasonable. Because the medical necessity of the request is not supported, the request to overturn the utilization review determination is not approved.