

<b>Case Number:</b>	CM15-0138081		
<b>Date Assigned:</b>	08/18/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 51 year old female who sustained an industrial injury on 12/05/2011. She reported an injury to her bilateral knees, left hip and lower back. Current diagnoses include diabetes type II, lumbago; degenerative joint disease (right knee), major depressive disorder, sleep disorder due to medical condition-insomnia type, and pain disorder associated with psychological factors and general medical condition. Treatment to date has included psychotherapy, diagnostic studies, surgery to both knees, medication and lumbar epidural steroid injection. In a psychology PR2 of 06/03/2015 she reported depressive symptoms of fatigue, low self esteem, apathy, episodic suicidal ideation without plan or intent, decreased pleasure and motivation, and avoidance. She was worried, apprehensive, reported episodes of shortness of breath and dizziness. She indicated that she sleeps all day due to not sleeping at night, and had midsleep awakening. She had difficulty with concentration and memory due to pain. She used the Tramadol for sleep, stating it was not helpful for pain. Beck Depression Inventory=33 (severe), Anxiety Inventory=9 (mild), both slightly improved, with Epworth Sleepiness Scale=14. Pain rated average of 7-8/10. Her symptoms improved with psychotherapy and she reported that the Cymbalta helped her depression and pain. UR of 06/19/15 certified 6 CBT sessions, noncertified follow up visits to create PR2's as these can be created within the approved CBT, and noncertified group sessions and the sleep study. It indicated that a sleep study was certified in a UR of 02/06/15, but I could find no report. UR of 07/15/15 noncertified continuation of Cymbalta and further treatment deemed necessary by treating psychiatrist. On 08/03/2015, the patient continued to complain of chronic low back and bilateral knee pain rated

on average at 7/10. Current medications include Tramadol, Ambien, Zanaflex, Cymbalta, estradiol, Prenzide, Atenolol, Metformin, Prilosec, and Atorvastatin.

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

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

#### **1 Follow up visit per 6-8 wks: 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 visits.

**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:** Although this request was noncertified in UR of 06/19/15, the reason given was that it was for creation of PR2's, which can be done within the CBT visits. It is unclear how this conclusion was drawn. The patient was at that time on a number of medications, including Cymbalta. Office visits for medication management are medically necessary to insure ongoing safe treatment for the patient, taking into consideration clinical stability, other medications prescribed, other conditions, etc. The frequency and number of these visits is based on the individual and what medication the patient is prescribed as some require closer monitoring than others, what the patient's current condition is, etc. A set number or frequency of office visits cannot be predetermined. This request is therefore noncertified and not medically necessary.

#### **Group Psychotherapy, 6 sessions: 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 - Group therapy.

**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 Group Therapy.

**Decision rationale:** Group therapy is recommended as an option in patients with PTSD, which is not one of the patient's diagnoses. No rationale was provided in records provided. This request is not medically necessary.

#### **Sleep study referral: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Polysomnography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Polysomnography.

**Decision rationale:** Polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. In-lab polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. While the patient has been complaining of insomnia for greater than 6 months and apparently this is nightly, and she does have excessive daytime somnolence, she does not meet other criteria. She does not complain of morning headache or have cataplexy, and intellectual deterioration is due to pain and depression. Any personality change can be attributed to her depressive/anxiety symptoms/pain. There is no evidence that she has been unresponsive to behavioral intervention. In addition, apparently, a UR of 02/06/15 certified a sleep study, and no report was provided in records so it is unknown if that has been done. This request is not medically necessary.