

Case Number:	CM15-0147695		
Date Assigned:	08/10/2015	Date of Injury:	09/06/2012
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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 62-year-old female with an industrial injury dated 09/06/2012. The injured worker's diagnoses include major depressive disorder, single episode, moderate; pain disorder associated with both psychological factors and medical condition; ongoing right hip pain, low back pain, insomnia; moderate current level of stressors and moderate global assessment of functioning. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. She received a psychiatric QME on 06/03/14 with psychological testing, recommending 12 psychotherapy sessions. On 01/22/2015 a preliminary psychological evaluation was performed. She had severe depression, anxiety, insomnia, and panic attacks. At that time, she was on Xanax and Effexor was recommended. On 04/18/15 an initial psychological evaluation was performed with psycho diagnostic testing, including MMPI, MCMI-III, Beck Inventories, among others. She reported passive suicidal ideation, dizziness, insomnia and difficulty concentrating. Beck Inventories were in the severe range for depression and anxiety. She was on Xanax 0.5mg and Effexor 37.5mg. She was given the diagnoses of major depressive disorder single episode moderate, panic disorder without agoraphobia, and insomnia. On 04/18/2015, she presented with chronic pain with a functional overlay. She scored in the severe range on both the Beck Depression and Beck Anxiety Inventory. She found her current medication beneficial. On 06/29/15, UR modified this request to four CBT sessions. On 08/15/2015, she had psychological re-evaluation. She was making lifestyle changes that were paying off such as remaining active. Panic attacks were decreasing and there was some

improvement in depression. She remained on Xanax 0.5mg and Effexor 37.5mg. No notes were provided to show how many psychotherapy sessions had been used to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychodiagnostic testing; 4 cognitive behavior psychotherapy sessions with evidence of functional improvement another 10 sessions over 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Guidelines for Psychological treatment. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

Decision rationale: Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The patient has received full psychiatric and psychological evaluations with psychodiagnostic testing on 06/03/14 and 04/18/15, with results provided in records. The rationale for this request is unclear, especially given that she has a recent evaluation with full testing. She had four CBT sessions certified on 06/29/15 with no records provided to show that any of these have been used to date. This request is therefore not medically necessary.