

<b>Case Number:</b>	CM15-0149391		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	08/30/1999
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, 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 52-year-old female, who sustained an industrial injury on 8-30-1999. The mechanism of injury is unknown. The injured worker was diagnosed as having osteoarthritis of the lower leg, bilateral knee replacements, stable right ankle injury and left ankle injury with edema and apparent arthritis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5-28-2015, the injured worker complains of left ankle pain and swelling. Physical examination showed left ankle swelling. The treating physician is requesting 15 individual psychotherapy sessions and 6 monthly psychotropic medical management visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy weekly QTY: 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**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 recommends 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, somatic disorder with predominant pain persistent and psychological factors associated with general medical condition. It has been indicated that the injured worker has been receiving treatment in form of psychotherapy and medication management. She has been prescribed Xanax and Abilify per the progress reports however there is no information regarding the number of psychotherapy sessions completed so far or any evidence of objective functional improvement with the same. Thus, the request for Individual Psychotherapy weekly QTY: 15 is excessive and not medically necessary at this time. The guidelines recommend total of up to 6-10 visits over 5-6 weeks (individual sessions) with evidence of objective functional improvement from ongoing treatment.

**Psychotropic Medical Management monthly QTY: 6: 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.

**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, somatic disorder with predominant pain persistent and psychological factors associated with general medical condition. It has been indicated that the injured worker has been receiving treatment in form of psychotherapy and medication management. She has been prescribed Xanax and Abilify. Per guidelines, Benzodiazepines are not indicated for use beyond 4 weeks and atypical antipsychotics are not indicated for use for conditions covered by ODG. Thus, the request for Psychotropic Medical Management monthly QTY: 6 are excessive and not medically necessary as the injured worker is not on any medications that would require such close monitoring as once monthly visits for next months.