

<b>Case Number:</b>	CM15-0149450		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/30/2015
<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 65 year old female, who sustained an industrial injury on 9-15-10. The injured worker has complaints of anxiety and depression. The documentation noted that the injured worker reports that her symptoms include both physical and emotional manifestations. The documentation noted that the injured worker has complaints of frequent episodes of difficulty sleeping, muscle tension and fatigue in her shoulder, arm and ribs and feeling exhausted, wobbly and unsteady much of the time and occasional bouts of tearfulness that happen unexpectedly at different times of the day. The diagnoses have included rotator cuff syndrome not otherwise specified; major depressive disorder and anxiety disorder due to chronic pain syndrome. Treatment to date has included physical therapy; psychotherapy and left arm surgery. The request was for outpatient re-evaluation with psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Re-Evaluation with Psychologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness/ Cognitive therapy for depression.

**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); ODG Psychotherapy Guidelines recommend: Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) The injured worker encountered industrial trauma and has been diagnosed with rotator cuff syndrome ; major depressive disorder and anxiety disorder due to chronic pain syndrome. She has received treatment so far in form of physical therapy; psychotherapy, left arm surgery as well as medication management. The submitted documentation does not provide detailed information regarding the psychotherapy treatment completed so far such as the number of sessions completed or any evidence of objective functional improvement with the same. Thus, the request for Outpatient Re-Evaluation with Psychologist is excessive and not medically, necessary based on lack of information regarding psychotherapy treatment thus far.