

<b>Case Number:</b>	CM15-0163494		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	09/01/2009
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 63-year-old male, who sustained an industrial injury on 09-01-2009. On provider visit dated 07-27-2015 the injured worker has reported depression, anxiety and suicidal thoughts. The injured worker had reported that he would not act on suicidal thoughts due to religious believes. On objective findings were noted to have angry and irritable affect. The injured worker was able to express thoughts coherently and rationally and he was also noted to provide meaning narrative. The diagnoses have included mental (clinical disorder, major depressive disorder - single episode, anxiety disorder NOS, pain disorder with psychological factors and a general medical condition and sleep disorder due to medical condition) insomnia. Treatment to date has included medication. The provider requested sleep study, follow-up with psychologist 1 visit per 6-8 weeks x 6 months and group psychotherapy x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Sleep study:** Upheld

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

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

**Decision rationale:** The patient was injured on 09/01/09 and presents with depression, anxiety and suicidal thoughts. The request is for a SLEEP STUDY for help with the sleep disturbance that has been identified as a problem area in this case. The RFA is dated 07/27/15 and the patient is temporary partially disabled. Official disability guidelines, Pain chapter, under Polysomnography, lists the following criteria: 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. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The patient is diagnosed with mental-clinical disorder, major depressive disorder-single episode, anxiety disorder NOS, pain disorder with psychological factors and a general medical condition, and sleep disorder due to medical condition-insomnia. Regarding the sleep study, the requesting physician has not provided a reason for the request. Addressing the criteria for sleep studies, this patient does not present with excessive daytime somnolence, cataplexy, mental deterioration, or personality changes. There is evidence of depression and insomnia secondary to pain, but no indication that this patient suffers from any obstructive apnea or snoring. In this case, the patient does not satisfy guideline criteria for such a study. Therefore, this request IS NOT medically necessary.

**Follow-up with psychologist 1 visit per 6-8 weeks x 6 months:** Overturned

**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 Pain Outcomes and Endpoints Page(s): 8.

**Decision rationale:** The patient was injured on 09/01/09 and presents with depression, anxiety and suicidal thoughts. The request is for a follow-up with psychologist 1 visit per 6-8 weeks x 6 months. The utilization review denial letter did not provide a rationale. The RFA is dated 07/27/15 and the patient is temporary partially disabled. Regarding follow-up visits, MTUS guidelines page 8 under Pain Outcomes and Endpoints has the following: "The physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities." MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations, states that these are recommended for chronic pain problems. The patient is diagnosed with mental (clinical disorder, major depressive disorder-single episode, anxiety disorder NOS, pain disorder with psychological factors and a general medical condition, and sleep disorder due to medical

condition) insomnia. Given that the patient presents with depression/anxiety, follow-ups with a psychologist appear medically reasonable. Therefore, the request IS medically necessary.

### **Group psychotherapy x 6: Overturned**

**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 Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Cognitive therapy.

**Decision rationale:** The patient was injured on 09/01/09 and presents with depression, anxiety and suicidal thoughts. The request is for group psychotherapy x 6 due to the need to increase his support. The RFA is dated 07/27/15 and the patient is temporary partially disabled. Review of the reports provided does not indicate if the patient had any prior psychotherapy sessions. MTUS, Behavioral Interventions Section, page 23: 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these “at risk” patients should be physical medicine for exercise instruction, using a 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-TWC, Mental Illness & Stress Chapter under Cognitive therapy for depression: 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.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The patient is diagnosed with mental (clinical disorder, major depressive disorder-single episode, anxiety disorder NOS, pain disorder with psychological factors and a general medical condition, and sleep disorder due to medical condition) insomnia. The 07/27/15 report states that “by participating in a group, the patient will have the opportunity of garnering additional emotional support from fellow injured workers, which will act as a normalizing and encouraging atmosphere. These group sessions will introduce him to the concepts of stress inoculation, pain management, coping with loss of functional capacity, emotional regulation, anger management and cognitive therapy exercises designed to manage emotional and physical symptoms.” The treater is requesting for 6 sessions of psychotherapy. The patient does present with a diagnosis of depressive disorder, and ODG guidelines allow for 13-20 visits for major depression. In this case, the requested 6 sessions appears reasonable. The request IS medically necessary.