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| <b>Case Number:</b>   | CM15-0168416 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 06/17/2009 |
| <b>Decision Date:</b> | 10/14/2015   | <b>UR Denial Date:</b>       | 08/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/26/2015 |

### 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 47 year old female who sustained an industrial injury on 06/17/2009 while lifting boxes. Diagnoses include depressive disorder NOS and pain disorder associated with both psychological factors and a general medical condition. She complains of low back pain radiating to both lower extremities, has mild tearfulness, and depressed mood with labile affect. A progress note of 07/24/2015 by that she is a more appropriate candidate for Cymbalta in addition to Wellbutrin which is more likely to address chronic pain and severe anergy. Abilify and Lamictal will be discontinued. [REDACTED] anticipated decreasing the Zoloft by half at the next visit and adding Cymbalta, then starting Wellbutrin in 2 months. He noted that she takes less than 2 lorazepam per week. Treatments to date have included diagnostic studies, medications and 66 previous psychotherapy treatments. She has had radiofrequency ablations and lumbar spine epidural injections that have failed to improve her condition. UR of 08/07/2015 non-certified the request for Psychological testing, 5 billed units due to no documentation of specific testing required, modified the medication management once a month for 4 months to one a month for 3 months as the standard of care dictates up to 3 medication monitoring visits are necessary in order to monitor progress and make treatment plan modifications, and noncertified the request for Individual psychotherapy sessions once a week for 1 month, then biweekly for 4 months (12 sessions) as the 66 previous psychotherapy treatments exceeds guidelines, and there is no documentation of functional improvement with previous psychotherapy treatments.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological testing, 5 billed units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress & Mental Chapter, Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**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 carries the diagnoses of depressive disorder NOS and pain disorder with psychological factors. She has been receiving treatment with psychotherapy and medication management. Her symptoms do not appear to be unstable and she is in the midst of medication changes. Given that the request for individual psychotherapy is noncertified in this review, and she has received exhaustive psychological services to date, the rationale for this service is unclear. This request is not medically necessary.

**Individual psychotherapy sessions once a week for 1 month, then biweekly for 4 months (12 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. ODG recommendations are up to 50 sessions in cases of severe major depression or PTSD if progress is being made. The patient has received 66 sessions without evidence of objective functional improvement according to records provided for review. This request is not medically necessary.

**Medication management once a month for 4 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress Office Visits.

**Decision rationale:** Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self care as soon as clinically feasible. UR of 08/07/15 modified this request to one a month for 3 months. No records were provided to show that these were used. This request is not medically necessary.