

<b>Case Number:</b>	CM15-0033190		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34-year-old male sustained a work related injury on 01/07/2011. According to a psychotherapy progress report dated 12/12/2014, the injured worker was coping somewhat better with stress and mood was stable. Current medications included Abilify, Adderall, Seroquel, Trileptal and Zyprexa. Objective findings included well dressed, well groomed, fidgety, restless, cooperative, loud speech, euthymic mood, intense affect, congruent affect, thought process circumstantial, good insight, good judgment and good impulse control. Diagnoses included mood disorder not otherwise specified and attention deficient hyperactivity disorder. An authorization request dated 12/23/2014, requesting monthly psychiatry visits, weekly psychotherapy was submitted for review. Diagnosis included mood disorder. On 01/21/2015, Utilization Review non-certified bi-monthly psychiatry visits and weekly psychotherapy (no duration noted). According to the Utilization Review physician, the submitted documentation did not provide any information regarding the number of sessions completed or any evidence of objective functional improvements as a result of the psychiatric visits or individual psychiatric therapy sessions. Official Disability Guidelines Psychotherapy was referenced. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bi-monthly psychiatry visits and weekly psychotherapy (no duration noted): 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), Psychotherapy Guideline.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

**Decision rationale:** Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, there does not appear to be a duration of number of visits. This is not an appropriate request per guidelines since the guidelines specify that functional improvement should be documented for continuation. Given this, the request is not medically necessary.