

<b>Case Number:</b>	CM15-0056574		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/05/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Psychologist

### 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 55-year-old male who sustained an industrial injury on 01/05/2013. Diagnoses include major depressive disorder, single episode, and unspecified psychological factors affecting medical condition. The injured worker also has diagnoses of lumbar sprain and strain, lumbar myofascitis, lumbar radiculitis, lumbar facet induced versus discogenic pain, tenosynovitis of the lower leg and insomnia. Treatment to date has included medications, a psychological evaluation, and cognitive behavioral therapy. In addition, he has had diagnostic studies, medications, acupuncture, chiropractic sessions, and physical therapy. A physician progress note dated 02/11/2015 documents the injured worker to be too beset by pain and disability, and depressed and anxious. The injured worker needs to work through the emotional symptoms in the further passage of time and supportive psychotherapy prior to attempting to return to any job. Treatment requested is for 6 psych visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 psych visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B -Referral.

**Decision rationale:** Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. A request was made for "6 psych visits" the request was non-certified by utilization review of the following rationale: the patient has been approved for a course of cognitive behavioral therapy. However, the medical records do not established why the patient would also require psychiatric visits at this juncture. The patient has been prescribed medications, however, as will be discussed in separate reports, the medications have not been recommended for certification. As such, the patient would not require additional expertise from a psychiatrist prescribed these medications." The UR response citation was for their decision was for psychological treatment rather than psychiatric referral. Discussion: It is not entirely clear if "6 psych visits is a request for 6 psychiatry or 6 psychology visits." The UR response implies that it is for 6 psychiatry visits and despite some conflicting evidence it is determined that 6 psychiatry visits is what is being requested based on a statement that the patient has been authorized for 6 sessions of cognitive behavioral therapy. Based on the provided medical records, the request for 6 sessions of psychiatry is not established as being medically necessary based on the limited documentation provided for consideration. In most cases, psychiatric medications can be provided safely by the primary care physician without a referral to a psychiatrist however and more complicated cases psychiatric referral may be necessary. Given that most psychiatric visits are help at intervals of 1-3 months this request represents 6-18 months of treatment. The quantity of sessions requested exceeds what would be considered reasonable and medically necessary. Periodic assessment of continued medical need based on establishment the patient benefited from prior sessions is necessary. Because this requested treatment is determined as excessive in quantity and duration the request is found to be not medically necessary and the utilization review determination is upheld.