

<b>Case Number:</b>	CM15-0057629		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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

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 50-year-old male, who sustained an industrial injury on May 19, 2010. The injured worker had reported neck, low back pain and left arm pain. The diagnoses have included lumbago, cervicgia, left shoulder internal derangement, left knee internal derangement, anxiety disorder and major depression. Treatment to date has included medications, radiological studies, electrodiagnostic studies, lumbar brace, psychological evaluations, physical therapy and cognitive behavioral psychotherapy. Current documentation dated March 2, 2015 notes that the injured worker reported depression and difficulty with sleeping. Physical examination revealed depression and anguish. The treating physician's plan of care included a request for individual psychotherapy, two visits per month in six months and Xanax 0.5 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy 2 Visits/Month in 6 Months - 12 Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23.

**Decision rationale:** The patient presents with severe depression. The request is for Individual Psychotherapy 2 Visits/Month in 6 Months-12 Visits. The RFA provided is dated 03/02/15 and the patient's date of injury is 05/19/10. The diagnoses have included lumbago, cervicgia, left shoulder internal derangement, left knee internal derangement, anxiety disorder and major depression. Treatment to date has included medications, radiological studies, electrodiagnostic studies, lumbar brace, psychological evaluations, physical therapy and cognitive behavioral psychotherapy. Current medications include Xanax. The patient is temporarily totally disabled. Regarding cognitive behavioral therapy for chronic pain, MTUS page 23 supports up to 10 visits after the initial trial of 3-4 sessions. For major depressions, ODG Mental Illness chapter under cognitive behavioral therapy recommends initial 17-20 visits and up to 40 sessions with functional improvement. In this case, the provided medical reports are handwritten and illegible. The utilization review letter dated 03/11/15 states the patient has completed 26 previous psychotherapy treatments. Treater has not provided a reason for requesting 12 additional psychotherapy visits. There is no discussion as to how the patient is responding to the treatments and whether or not there is improvement. ODG does allow 17-20 initial sessions of CBT and with functional improvement, up to 40 sessions for major depression. The treater does not discuss the patient's functional.

**Xanax .5 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepine Page(s): 24.

**Decision rationale:** The patient presents with severe depression. The request is for Xanax 0.5MG #30. The RFA provided is dated 03/02/15 and the patient's date of injury is 05/19/10. The diagnoses have included lumbago, cervicgia, left shoulder internal derangement, left knee internal derangement, anxiety disorder and major depression. Treatment to date has included medications, radiological studies, electrodiagnostic studies, lumbar brace, psychological evaluations, physical therapy and cognitive behavioral psychotherapy. Current medications include Xanax. The patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Xanax was prescribed to the patient per treater reports 11/18/14, 12/01/14 and 03/02/15. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. Therefore, In regard to the request for a continuing prescription of Xanax for this patient's anxiety, the duration of therapy exceeds guidelines and is not medically necessary.