

<b>Case Number:</b>	CM15-0058063		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	06/15/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/06/2015
<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, Arizona, Maryland  
Certification(s)/Specialty: 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:

This 48 year old female sustained an industrial injury to the cervical spine, left shoulder and left wrist on 6/15/11. Previous treatment included left carpal tunnel and de Quervain's release, physical therapy, chiropractic therapy, medications, injections and home exercise. In a PR-2 dated 1/31/15, the injured worker complained of feeling easily agitated, depressed and sleep deprived. In a PR-2 dated 2/19/15, the injured worker reported ongoing but improved sleep that was described as non-restful. The injured worker reported having to force herself to do things and not wanting to leave the house. Current diagnoses included anxiety disorder and depressive disorder. The treatment plan included individual psychotherapy weekly times ten.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy weekly times ten (10): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Mental Illness and Stress regarding Cognitive therapy for depression.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Individual psychotherapy weekly times ten (10) exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.

**Psychiatric consultation with meds monthly times six (6):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible." The injured worker presented with subjective complaints of feeling easily agitated, depressed and sleep deprived per progress report dated 1/31/15. She reported ongoing but improved sleep that was described as non-restful per progress report dated 2/19/15. She has been diagnosed with anxiety disorder and depressive disorder. The injured worker could benefit from Psychiatric consultation but the need for ongoing treatment can be made only per the consulting physician's recommendations. The request also does not specify the name, dosage and quantity of medications being requested. Thus, the request for Psychiatric consultation with meds monthly times six (6) is excessive and not medically necessary.