

<b>Case Number:</b>	CM15-0082211		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 61 year old female whose date of injury is 2/25/2013, involving the left leg, right arm, low back, neck and right shoulder. Diagnoses include headache, cervical sprain/strain, degeneration of lumbar intervertebral disc, lumbar annular tear, lumbar radiculopathy, right shoulder myofascitis, right shoulder sprain/strain, anxiety and worsening depression. She was a preschool teacher, having suffered an attack by a child with a known history of violence. Treatments to date include physical therapy, epidural injection and pain medication. She returned to work with restrictions. Her injuries were further aggravated in 09/13 when assisting in an altercation between two students. She had suicidal thoughts due to the persistent severity of her low back pain and underwent six psychotherapy sessions, which she found helpful. In a PR2 of 3/23/2015 she complained of neck and shoulder pain (rated 3/10) with stiffness and tightness, and central/lower back pain radiating to the lumbar spine, buttock and pelvic region (L>R) rated 9/10. She also complained of anxiety, depression, stress and resentment over her inability to work or travel. Cervical exam revealed limited range of motion. On 04/15/15 she underwent a comprehensive psychological evaluation. Mental status exam showed mood to be depressed and anxious. She endorsed loss of energy/motivation/emotional control, social withdrawal, episodes of panic, and sleep impairment. Testing reflected moderate to severe levels of psychiatric distress and disturbance (MCMII-III). BDI/BAI were in the moderate range. Medications include Lexapro, Lunesta, Norco, Tramadol, Prilosec, Metformin, and Zofran. Diagnoses are major depressive disorder and unspecified anxiety disorder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive-behavioral psychotherapy, twelve sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23 of 127.

**Decision rationale:** CA-MTUS recommends short term behavioral intervention to assist in the development of coping skills in chronic pain. The patient has benefited from CBT in the past. Psychological eval, testing, and MSE indicate that she may benefit from a trial of CBT, however ODG guidelines suggest an initial trial of 3-4 sessions followed by evaluation for objective functional improvement. This request for 12 cognitive behavioral psychotherapy sessions is therefore not medically necessary.

**Referral to psych ed for consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

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

**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 with the patient may facilitate a referral or 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 nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The patient's primary care physician is currently prescribing her Lexapro and Lunesta. Given her endorsed symptoms, psychological testing scores, diagnoses, and length of time of symptomatology, referral for psychiatric medication evaluation is indicated. This request is therefore medically necessary.