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| <b>Case Number:</b>   | CM15-0085888 |                              |            |
| <b>Date Assigned:</b> | 05/07/2015   | <b>Date of Injury:</b>       | 10/29/2012 |
| <b>Decision Date:</b> | 06/11/2015   | <b>UR Denial Date:</b>       | 04/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/04/2015 |

### 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 49-year-old female whose date of injury is 10/29/2012 to her cervical spine, and right and left shoulder regions. She was diagnosed with major depressive disorder single episode moderate. Treatments to date have included physical therapy, cortisone injections, bracing, chiropractic treatments, psychotherapy, and medication. She currently complains of neck, left shoulder and left hand pain. Her psychiatric symptoms include difficulty sleeping, decreased motivation, anxiety, and irritability. In 2012-2013, she underwent a course of psychotherapy and was on Zoloft 25mg, which was tapered off in 08/2013. It is unclear if that treatment was beneficial and if so to what extent. PR2 of 03/11/15 noted that her depression is related to her pain. She wanted to resume Zoloft. UR of 04/04/15 modified this request to partially certify 4 psychotherapy sessions and one psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual Psychotherapy (weekly sessions), quantity 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions 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. See also Multi-disciplinary pain programs.ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a 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). Page(s): 23 of 127.

**Decision rationale:** The patient is suffering from symptoms of depression related to pain. Per ODG, a trial of CBT is reasonable, and if objective functional improvement is present further sessions may be certified. UR of 04/04/15 modified this request to four sessions. It is unknown how many of these sessions the patient has received to date, and if she has shown objective functional improvement. This request is therefore not medically necessary.

**Psychiatric Consult for the meds (monthly visits) quantity 8:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Stress related conditions, Chapter 15 pg 398 Per ACOEM, 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 non-psychological 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.

**Decision rationale:** Psychiatric consultation is indicated to evaluate the patient given her depressive symptomatology. However, the request for eight monthly visits is not reasonable. The need for consultation should be based on the individual's current needs and medication regimen. The number of visits a patient requires cannot be predicted in advance. This request is therefore not medically necessary.

