

<b>Case Number:</b>	CM15-0236792		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	07/11/2011
<b>Decision Date:</b>	01/15/2016	<b>UR Denial Date:</b>	11/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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 was a 57 year old female, who sustained an industrial injury on July 11, 2011. The injured worker was undergoing treatment for major depressive disorder, generalized anxiety disorder, insomnia and psychological factors. According to progress note of October 5, 2015, the injured worker's chief complaint was persistent pain, sleep difficulties and feelings of fatigue. The injured worker reported feeling nervous and apprehensive. The injured worker tends to be withdrawn and felt tense. The injured worker reported feeling sad and frustrated due to physical condition and inability to work. The injured worker reported having trouble with concentrating, remembering and focusing. The injured worker emotional symptoms have decreased with treatment and coping better. The objective findings the injured worker was sad, anxious, bodily tension, poor concentration, restless, over talkative, apprehensive, preoccupied with physical symptoms and in need of continued mental health services for treatment of the injured worker's emotional symptoms. The injured worker previously received the following treatments 10 sessions of group therapy and hypnotherapy. The RFA (request for authorization) dated October 5, 2015; requested group medical psychotherapy, medical hypnotherapy / relaxation, and office visit. The UR (utilization review board) denied certification on November 9, 2015 for a follow-up visit in 45 days for major depressive disorder, generalized anxiety disorder, insomnia and psychological factors as an outpatient. The UR (utilization review board) denied certification on November 9, 2015; for a follow-up visit in 45 days for major depressive disorder, generalized anxiety disorder, insomnia and psychological factors as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit in 45 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Group therapy, Behavioral treatment, Biofeedback, Pain Chapter, Hypnosis.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up.

**Decision rationale:** The ACOEM guidelines recommend that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. A request was made for "office visit x1" the request was non-certified by utilization review which provided the following rationale for its decision. A reassessment is recommended only after treatment is rendered. Since no treatment has met guidelines (sic), no reassessment is recommended. This IMR will address a request to overturn the utilization review decision. Decision: According to a letter of clarification regarding the request from December 3, 2015 from the office of the patient's psychologist, it is noted that "patient has attended a total of 10 group psychotherapy and hypnotherapy sessions." This letter, however does not refer to how many sessions of "office visits" the patient has received to date. The letter only clarifies how many "group psychotherapy and hypnotherapy sessions" the patient has received. The original request is stated for "diagnosis of major depressive disorder generalized anxiety disorder, insomnia, and psychological factors as outpatient. The treatment guidelines do not specify the quantity of recommended visits for office visits. According to the ACOEM "the frequency of follow up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work." In this case, the patient appears to continue to remain symptomatic at a clinically significant psychological level based on treatment progress notes from the requesting psychologist and is missing work. The patient does not appear to have received an inordinate amount of this treatment modality on an industrial basis. According to October 5, 2015 progress note, "her emotional symptoms have decreased with treatment and she is better able to cope the treatment." This request for a follow-up visit in psychology is the equivalent of a request for psychotherapy as the distinction is not made between office visits and clinical sessions as it might be in general medicine practice. However, taken as a whole the request for one (1) follow-up visit in 45 days appears to be medically appropriate and reasonable based on the provided medical records. Therefore, the medical necessity of this request has been established. The request is medically necessary.