

<b>Case Number:</b>	CM14-0138438		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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. The expert reviewer is Board Certified in Psychiatry, has a subspecialty in Child & Adolescent Psychiatry, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57 year old female who was injured at work on 10/25/2011. She was accused at work of throwing out a prescription bottle, and fainted, falling on the ground and injuring her right shoulder. She was diagnosed with Right shoulder capsulitis, rotator cuff tear and biceps tendon tear. She underwent right shoulder arthroscopy and debridement with repair. Chronic pain persisted, and she became increasingly sad and depressed. The 8/7/14 progress report by the treating physician noted that the injured worker was feeling sad, anxious, with crying spells, low energy, poor concentration, poor motivation, insomnia, and decreased appetite. She was diagnosed with Depression and Anxiety. Psychiatric treatment has included trials of several psychotropic medications to treat the symptoms, which have included Viibryd, Effexor, Zoloft, Trazodone, Wellbutrin, Seroquel, Xanax and Klonopin. Her current medication regimen incorporates Ativan and Elavil to help with insomnia. A request was made for a prescription for Cymbalta to treat depression, anxiety and pain, psychiatric medication management appointments, and individual psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy visits (unspecific amount or treatment duration):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral Therapy (CBT) treatment for chronic pain Page.

**Decision rationale:** MTUS guidelines indicate that CBT can be helpful for individuals with mental health symptoms of depression and anxiety secondary to chronic pain. The injured worker is diagnosed with Depression and Anxiety, with persisting and disabling features. The use of CBT would be appropriate in the overall treatment plan for the injured worker, based on the clinical picture. The guideline recommends an initial trial of 3 - 4 sessions of CBT over 2 weeks, to be followed by up to 6 - 10 sessions over 5 - 6 weeks if there has been objective clinical evidence of functional improvement. The request does not specify the number of psychotherapy visits. Open-ended psychotherapy treatment would not be appropriate, so that the number of visits requested is an important detail. In the absence of this clarification, the request was not medically necessary.