

<b>Case Number:</b>	CM14-0183377		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 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 patient is a 31-year-old female who has submitted a claim for unspecified myalgia and myositis, and depressive disorder associated with an industrial injury date of 8/28/2010. Medical records from 3/15/2013 up to 4/28/2014 were reviewed, showing continued neck pain described as stinging, burning, and pinching. The pain persists most of the day, and increases with emotional stress and prolonged use of the arms. She also experiences headaches and episodes of chest pain, gastrointestinal distress, constipation, dizziness, excess sweating, hair loss, and low back pain. Psychologically, she feels very emotional and frustrated with the situation at her work. She acknowledges sad moods and pervasive sense of discouragement. She is more irritable and tense at work and remains socially withdrawn. She is "detached" when dealing with others. She sleeps about 7 hours a night with medication but still complains of loss of her former drive, energy, and enthusiasm. Her sleep is disturbed when "she wakes up screaming from nightmares." Libido and appetite are decreased. She has had a 10-15 pound weight loss. Beck Depression Inventory and Beck Anxiety Inventory were done on 4/28/2014 which showed symptoms consistent with a severe range of depression and severe degree of anxiety. The patient has not received psychotherapy in the past. Treatment to date has included Cymbalta, amitriptyline, and medical marijuana. The utilization review from 10/14/2014 denied the requests for Psychotherapy 1 time a week for 12 weeks and Beck anxiety-depression inventory 1 time a week for 6 weeks. The patient was diagnosed with major depressive disorder and other pain disorders related to psychological factors. The medical documentation did not provide past history or current examination findings. There are no treatment goals or treatment plan, as no additional information has been provided. There is insufficient data to support both requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 1 time a week for 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex; when psychosocial factors are present; or when the plan or course of care may benefit from additional expertise. As stated on pages 19-23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications is recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the patient is diagnosed with depressive disorder. She has not received prior psychotherapy. Although, psychotherapy would be beneficial, an initial trial of 3-4 psychotherapy visits over 2 weeks would first need to be initiated. Therefore the request for Psychotherapy 1 time a week for 12 weeks is not medically necessary.

**Beck anxiety-depression inventory 1 time a week for 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Psychological Evaluations Page(s): 100-101.

**Decision rationale:** According to pages 100-101 of the CA MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended. Psychological evaluations are generally accepted, well established diagnostic procedures that should determine if further psychosocial interventions are indicated. In this case, the patient is diagnosed with depressive disorder. A Beck-anxiety depression inventory was conducted last 4/2014 showing severe symptoms of depression and anxiety. It is not evident why the patient needs a secondary inventory at this time since no treatment goals or plan have been documented. Therefore the request for Beck anxiety-depression inventory 1 time a week for 6 weeks is not medically necessary.

