

<b>Case Number:</b>	CM14-0092819		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/14/2010
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	06/19/2014

### 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 injured worker is a 54 year old male with date of injury of October 14, 2010. He sustained a right shoulder injury while working as yard maintenance worker. It resulted in chronic shoulder and neck pain. Sertraline was started for anxiety on March 31, 2014. A report from May 14, 2014 suggested that injured worker had been taking the zoloft for only 2 weeks prior to that visit although it was prescribed on March 31, 2014. A report from cognitive behavioral therapy (CBT) session #6 on April 30, 2014 suggests that he reported vague suicide ideation. The injured worker ended the session abruptly and left; police were called for a welfare check after he left. On May 08, 2014, the injured worker voiced having thoughts of physical harm to supervisor which resulting in treating provider initiating a mandatory Tarasoff protocol. A report from May 15, 2014 suggested that injured worker reported feeling depressed all the time. He denies any active suicidal thoughts but reported some passive thoughts. Diagnosis of Anxiety not otherwise specified (NOS); Psychotic DS and Depressive DS NOS were given to the injured worker. On May 22, 2014, the mood was reported to be "crazier than ever". Per that report injured worker is supposed to go back to work in June and he reports being "restless, irritable, agitated, worried about reporting to supervisor and is frightened by supervisor's abuse of power and pressure". He reports continual depression about not being able to work like he used to prior to the injury. The injured worker reports sleeping 4 hrs a night and has decreased energy; continues to feel that someone is following him; hears footsteps but no one is behind him. He continues to report passive suicide ideation but has no plans and intentions due to family and religion. The plan from that date included increase in zoloft to 75mg for a chronic history of passive suicide ideation and abilify 10mg was started. Appeal letter by treating PA-C was reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) Psychiatric Follow-Up Visits, Once A Week For Four (4) weeks: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG Mental Illness & Stress, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

**Decision rationale:** The ACOEM guidelines suggest that 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. The Official Disability Guidelines recommends office visits to be determined as medically necessary and play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The injured worker continues to be symptomatic with mood, anxiety and psychotic symptoms. He continues to experience vague suicidal ideations every day according to the documentation. The request for 4 Psychiatric follow up visits over 1-2 months is medically necessary. ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. " Most recent PR from 5/22/2014, the mood was reported to be "crazier than ever". Per that report IW is supposed to go back to work in June and he reports being "restless, irritable, agitated, worried about reporting to supervisor and is frightened by supervisor's abuse of power and pressure". He reports continual depression about not being able to work like he used to prior to the injury. Reports sleeping 4 hrs a night and has decreased energy; continues to feel that someone is following him; hears footsteps but no one is behind him. He continues to report passive SI but has no plans and intentions due to family and religion. Plan from that date included increase in zoloft to 75 mg for "chronic h/o of passive SI" and abilify 10 mg was started. The IW continues to be symptomatic with mood, anxiety and psychotic symptoms. Continues to experience vague suicidal ideations every day per the documentation. The request for 4 Psychiatric follow up visits over 1-2 months is medically necessary. Will respectfully disagree with UR doc's decision.

**Intensive Outpatient Psychiatric Treatment Program: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23, 101. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT), Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** The California MTUS states that behavioral interventions are 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. The ODG-Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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). Psychiatric progress report from January 07, 2014 indicates that the injured worker has been participating in clinical behavioral therapy. Upon review of the submitted documentation, the injured worker has had at least 6 sessions of CBT. The injured worker has ongoing mood, anxiety and some psychotic symptoms, which can be managed with medication management, and some sessions of behavioral therapy per the guidelines. The suicidal ideations are chronic and passive with no intent or plan. Therefore, the request is not medically necessary at this time.