

<b>Case Number:</b>	CM14-0214706		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	10/10/1991
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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 (IW) is a 49 year-old male ( [REDACTED] ) with a date of injury of 10/01/1991. The IW sustained injury while working for [REDACTED]. In addition to his orthopedic injury, the IW has also developed psychological symptoms and is diagnosed with Major Depressive Disorder, NOS. Most recently, he has been participating in individual psychotherapy with [REDACTED] and has been receiving psychotropic medical management services from [REDACTED]. The requests under review is for an additional 8 psychotherapy sessions and an additional 4 psychotropic medication management consultation appointments, which were denied/modified by UR on 12/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **8 Psychotherapy Sessions to Include CBT: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive therapy for depression; ODG Psychotherapy

Guidelines: Initial trial of 6 visits over 6 weeks With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions).

**Decision rationale:** It is unclear from the medical records as to how many sessions have been completed to date in 2014. The most recent PR-2 report submitted for review from [REDACTED], dated 11/10/14, fails to offer this information. Additionally, there are no "objective functional improvements" listed as achieved from the completed sessions. The "objective findings" are noted to be "anxious and depressed mood" as well as having a BAI score of 41, a BDI score of 36, and a BHS score of 20. These scores reflect symptoms that are in the severe range. These scores are consistent with several prior months of testing, demonstrating no consistent improvement. As a result of insufficient information and a lack of progress, the request is not reasonable or medically necessary.

**4 Psychotropic Medication Management Consultation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office visits

**Decision rationale:** Given the date of injury, it is assumed that the IW has been receiving psychiatric services for many years. In his 11/10/2014 PR-2 report, treating psychiatrist, [REDACTED], indicates that the IW continues to experience severe symptoms despite continued care. The request for an additional 4 medication management appointments/consultations, which are likely to occur over a 4 month period, appears to be excessive at this time. The ODG indicates that a set number of office visits cannot be reasonably established as the need for an office visit is individualized based on patient concerns, the medications being taken, symptoms, stability, and recent assessment. As a result, the request for 4 visits is not medically necessary. It is noted that the IW received a modified authorization for 1 medication management consultation in response to this original request.