

<b>Case Number:</b>	CM15-0119107		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/08/2010
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 58-year-old female, who sustained an industrial injury, October 8, 2010. The injured worker previously received the following treatments sympathetic ganglion nerve blocks, TENS (transcutaneous electrical nerve stimulator) unit, Cymbalta was stopped due to side effects, Lyrica, Nucynta, Oxycodone, Zestril, Lunesta for sleep, Wellbutrin, Ambien, left trapeziotomy and interpositional arthroplasty surgeries. The injured worker was diagnosed with CRPS (complex regional pain syndrome), major depression and hypertension. According to progress note of May 15, 2015, the injured worker's chief complaint was left hand contractures and pain. The injured worker was only able to lift one pound with the left hand. The injured worker reported several months of pain relief with the stellate ganglion block. The Lunesta helped the injured worker with sleep onset, but continues to awaken throughout the night. The injured worker rated the pain 7 out of 10 and depressed mood. The injured worker was able to groom self, bathe and toilet self. The injured worker was only able to drive short distances, but was fearful to drive on the freeway. The injured worker found it difficult to face due to limited capacity to use the left hand. The therapist was requesting Skype or Telephonic sessions due to the transportation issues the injured worker was facing. The treatment plan included psychiatric session via Skype or telephonic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Psychiatric Sessions via Skype or Telephonic: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398b.

**Decision rationale:** Citation summary: ACOEM chapter 15 page 398 B, Referral. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for psychiatric sessions via Skype or Telephonic; the request was non-certified by utilization review. The following provided rationale for its decision: "there is no detailed discussion of the efficacy of prior treatment and psych sessions. There is no comparison with prior exams. No clear clinical rationale for need for additional psyche sessions. No new short or long-term goals. Not clear how many additional psyche sessions are being requested. Based on the diagnosis and considering the lack of sustained functional improvement with prior similar sessions, and a lack of clear clinical rationale for the need for additional sessions, and minimal clinical information submitted, according to the MTUS the request is not medically necessary." This IMR will address a request to overturn the utilization review decision. According to a psychiatric consultation, report from April 22, 2015 the patient is presenting with depression as a function of developing CRPS secondary to hand surgery. The patient was being treated with the medication Cymbalta but had to be discontinued due to side effects is currently taking Wellbutrin. Additional psychotropic medications for sleep are being recommended. The patient requires transportation to and from treatment in the physician offered to provide therapy via telephone or Skype if transportation was not authorized is available. Although it appears that psychiatric treatment might be appropriate for this patient, the medical necessity the request could not be established because the request itself is nonspecific with regards to the quantity of treatment sessions being requested. According to the April 22, 2015 letter, it appears that eight sessions were being requested however, this needs to be clearly stated on the application for IMR. In addition, the medical necessity the request is not established further due to insufficient documentation regarding the patient's prior psychiatric treatment history. Although four hundred and forty pages of medical records were received a consistent with entirety of utilization review and insurance-based communications. There was no comprehensive treatment plan included in the paperwork for consideration for this IMR. There is no detailed discussion of the patient's psychiatric treatment history in terms of quantity of sessions received and evidence of

objectively measured functional improvement is a direct result of prior psychiatric treatment. Because this request does not specify the treatment quantity being requested it is basically an open-ended request and because the request is not supported with information regarding her psychiatric treatment history the medical necessity could not be established. This is not to say that the patient does not require psychiatric treatment, only that the medical necessity of this request was not established by the provided documentation. Because of this the utilization review determination is NOT medically necessary.