

<b>Case Number:</b>	CM15-0126861		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	05/11/2005
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Emergency Medicine

### 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 55 year old female, who sustained an industrial injury on May 11, 2005. Treatment to date has included psychotherapy sessions, visiting nurse assistance, and medications. Currently, the injured worker appears quite fatigued and reports that she has been working to increase her feelings of self-efficacy and self-esteem and to increase her daily activities. She reports severe mouth and jaw pain and has issues with her teeth. Her psychologist reports that Adderall is providing improvements with attention, concentration and cognition. The injured worker continues to express suicidal ideation and denies any plan or intent to end her life. The diagnosis associated with the request is moderate to severe major depressive disorder. The treatment plan includes pain management consultation and continued weekly outpatient psychotherapy sessions to increase feelings of self-efficacy and self-esteem, reduce anxiety and depression, increase pain management, increase daily activities, increase feelings of autonomy and independence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient psychotherapy weekly, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** As per MTUS Chronic pain guidelines, behavioral interventions like psychotherapy may be recommended after initial trial with signs of improvement. Pt has had an unknown number of sessions (at least 12) with continued severe deficits and no improvement in depression or anxiety. The lack of progress with lack of information concerning total number of sessions completed thus far does not support additional psychotherapy sessions.

**Evaluation with a CRPS specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. It is unclear why a psychologist is requesting this consultation. Patient has chronic pain with an unclear diagnosis since several providers do not agree that patient has CRPS. It is unclear why any regular pain management specialist or primary provider is not able to manage patient's pain and what a new provider will be able to do for this patient. The lack of justification and lack of consensus concerning patient's diagnosis does not support referral to a CRPS specialist.