

<b>Case Number:</b>	CM15-0128483		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/09/1995
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 72 year old female sustained an industrial injury to the low back on 03/1995, involving removal of jammed paper from a copier. Recent treatment consisted of medications, injections and TENS unit. She had failed multiple conservative treatments. She has been receiving psychotherapy since at least 1998, and is currently receiving ongoing twice weekly psychotherapy via phone and in office, and home care as she is unable to drive. She has a history of a suicide attempt around 2-3 years ago (pills) with subsequent hospitalization. There have been no further attempts and no suicidal ideation. Psychotherapy progress notes were difficult to decipher. A report by [REDACTED] of 04/18/15 indicated that she tried to challenge the patient so that she feels "there is a light at the end of the tunnel." The patient was status post sacroiliac injection and was able to get out of the house more. She related that her insomnia fluctuated. [REDACTED] continued to have phone sessions with her due to her inability to drive. Goals were support and improve functional capacity to prevent setbacks. [REDACTED] administered the following psychological tests. Rey's auditory verbal learning test showed mild deficits in short term auditory memory, State Trait Anxiety Inventory showed anxiety above normal for her age group, Epworth Sleepiness Scale=9, and a self administered pain scale. Current diagnosis was depressive disorder. On 05/09/15 pain was rated 8/10 with medication, 10/10 without, and her diagnoses were low back pain, chronic pain syndrome, and post laminectomy syndrome. Current medications were Cambia, Oxycontin, oxycodone, Baclofen, and Lyrica. On 05/26/15 in a peer to peer discussion [REDACTED] indicated that phone sessions were due to the patient not driving and testing was to see "how she was doing" and her level of

functioning. Rationale for continued treatment was major depressive disorder moderate, in office was that she has known the patient "for years...for support...help her cope...prevent her from killing herself." UR of 06/02/15 noncertified these requests.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Twice weekly phone call therapies from 2/20/-4/22/15: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not address phone call therapy. Official Disability Guidelines Mental Illness & Stress Cognitive Therapy for Depression.

**Decision rationale:** The patient has been in psychotherapy since at least 1998, currently twice weekly phone sessions and in office therapy with [REDACTED]. CBT via phone has been shown to be safe and effective, but at follow up face to face CBT was shown to be superior. ODG guidelines state that up to 13-20 visits are recommended if progress is being made. Goals of support, help her cope, and prevent her from killing herself are vague in nature. As in office visits have also been requested, this request is redundant. Clearly guidelines have been greatly exceeded, with no documentation of objective functional improvement. This request is not medically necessary.

**Psychological testing (including 5 hours of diagnostic testing for Rey's Auditory Verbal learning Test, Word list (AVLT), State Trait Anxiety Inventory, The Epworth Sleepiness Scale and a 2 pg self admin. pain questionnaire): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101 of 127.

**Decision rationale:** Psychological evaluations are used to gain a better understanding of the patient and determine appropriate treatment interventions. Their purpose is not to see how a patient is doing or determine level of functioning. There are 26 tests that are administered within that evaluation, none of which include the Rey's Auditory Verbal Learning Test, State Trait Anxiety Inventory, Epworth Sleepiness Scale, or self-administered pain scale. No rationale was provided for this request of a five hour psychological evaluation or these scales. This request is not medically necessary.

**In office visits: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS does not address in office visits. ODG Mental Illness & Stress CBT for depression.

**Decision rationale:** The patient has been in psychotherapy since at least 1998. She is currently in treatment with [REDACTED] with twice weekly phone sessions and in office therapy. ODG guidelines state that up to 13-20 visits are recommended if progress is being made. [REDACTED] rationale for the request of in office visits in addition to phone sessions of having known the patient for years is inadequate, as well as redundant. No objective functional improvement was documented, and clearly guidelines have been greatly exceeded. This request is not medically necessary.