

<b>Case Number:</b>	CM15-0170438		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: 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:

The injured worker is a 41 year old female, who sustained an industrial injury on 6-3-11. The injured worker is undergoing treatment for depressive disorder and somatic symptom disorder with prominent pain. Medical records dated 7-1-15 indicate the injured worker complains of left shoulder and upper extremity pain and multiple psychological complaints including sexual dysfunction, social withdrawal, anxiety, depression, worry about financial and occupational future and sleep disturbance. Physical exam notes brace on left hand, mildly dysphoric mood, sad affect and intermittent tearfulness. Insight and social judgment is "within normal limits." Psychological testing revealed moderate to severe depression and severe anxiety. Treatment to date has included shoulder surgery, physical therapy, acupuncture, medication, group therapy and psychotherapy. The original utilization review dated 7-30-15 indicates the request for Individual psychotherapy once a week for twelve weeks and psychotropic medication management one time a week for six weeks is modified to Individual psychotherapy once a week for four weeks and psychotropic medication management one time a week for three weeks noting requested therapy exceeds guideline limits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy once a week for twelve weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Individual psychotherapy once a week for twelve weeks exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time. It is to be noted the UR physician modified the request to Individual psychotherapy once a week for four weeks. The request is not medically necessary.

**Psychotropic medication management one time a week for six weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible." The injured worker has been diagnosed with depressive disorder and somatic symptom disorder with prominent pain. The request for Psychotropic medication management one time a week for six weeks is excessive and not medically necessary as the injured worker is not on any medications that would required such close monitoring as once weekly office visits. The request is not medically necessary.

