

<b>Case Number:</b>	CM15-0063391		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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, 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 58 year old female, who sustained an industrial injury on September 9, 2002. She reported developing carpal tunnel syndrome, when she started getting pain, having difficulties performing duties. The injured worker was diagnosed as having a major depressive affective disorder, single episode, moderate degree. Treatment to date has included psychological counseling, physical therapy, aqua therapy, acupuncture, home exercise program (HEP), and medication. Currently, the injured worker complains of depressed mood, and anxiety, with pain in the neck, shoulders, entire back, arms, legs, and pain all over the body. The Provider's First Report of Occupational Injury dated February 12, 2015, noted the injured worker with depression with no suicidal attempts, with self-depreciating thoughts and cognitive thinking and feelings of hopelessness. The Provider noted the treatment plan included individual psychotherapy sessions psychotropic medication evaluation, and six weeks of cognitive/behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Individual psychotherapy 12 sessions:** 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), pain chapter behavioral interventions section, cognitive behavioral therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**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 recommends 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 12 sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.

**Psychotropic consultation/med weekly x 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM practice guidelines chapter 7 pg 127, independent medical examinations and consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: 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 was diagnosed as having a major depressive affective disorder, single episode, moderate degree. The request for psychotropic consultation/med weekly x 10 is excessive and not medically necessary as there is no documentation of the injured worker being on any psychotropic medications needing such close monitoring as weekly visits for 10 weeks.