MAXIMUS Federal Services

Case Number:	CM13-0006949		
Date Assigned:	09/04/2013	Date of Injury:	05/22/2007
Decision Date:	02/05/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for anxiety, depression, low back pain, and insomnia reportedly associated with cumulative trauma at work between the dates March 20, 2006 through May 22, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychological counseling; transfer of care to and from various providers in various specialties; and extensive periods of time off work. A September 27, 2012 progress note states that the applicant is having issues with depression, posttraumatic stress, and psychological factors affecting medical conditions such as headaches, teeth grinding, hair loss, abdominal pain, and constipation. The applicant was described as having been laid off/terminated from his former employment and is apparently off work. In an appeal letter of July 8, 2013, the attending provider stated that a trial of four sessions of cognitive behavioral therapy would not be adequate here. The attending provider also set forth a request for both ProSom and BuSpar.

IMR ISSUES, DECISIONS AND RATIONALES

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

ProSom: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, anxiolytics are not recommended as first line therapy for stress related conditions because they can lead to dependence and do not alter the stressors or the applicant's coping mechanisms. They are typically only appropriate for brief periods. In this case, the attending provider has not furnished any compounding rationale or narrative so as to try and offset the unfavorable MTUS Guideline. The fact that the applicant remains off work, on total temporary disability, and has failed to return to any form of work implies that previous usage of benzodiazepines such as ProSom were unsuccessful. Therefore, the request is not certified. In this case, since the applicant is seemingly alleging stand-alone mental health issues, the MTUS-adopted ACOEM Guidelines in chapter 15 are selected preferentially over the MTUS Chronic Pain Medical Treatment Guidelines.

Cognitive behavioral therapy (36 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The applicant has already had prior unspecified amounts of psychotherapy and cognitive behavioral therapy over the life of the claim. As noted in the MTUS-Adopted Guidelines in chapter 15, an applicant's failure to improve with treatments imply that there may be an issue with an incorrect diagnosis or unrecognized psychosocial stressor. In this case, the applicant has seemingly failed to demonstrate any clear evidence of improvement following prior psychotherapy and remains off work, several years remote from the date of injury. Continued psychotherapy is not indicated here, as ACOEM notes that the ultimate goal of said therapy is to preserve an applicant's functioning at work and in social relationships. In this case, the applicant has not returned to work and does not appear to have effected any clear evidence of improvement in terms of non-work social relationships. Therefore, the request remains non-certified.