MAXIMUS Federal Services

Case Number:	CM13-0015488		
Date Assigned:	10/09/2013	Date of Injury:	11/29/2006
Decision Date:	01/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

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 Psychiatry 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:

This is a case about a 54 year old male who seriously injured his shoulder and had three shoulder surgeries as a result. He has been treated with opiate pain medication along with Soma and has been noted to have become dependent on these medications which have been prescribed for him. He injured himself while working with concrete and has been unable to maintain employment as a result of his shoulder injury. He has suffered from symptoms of depression and anxiety. He has had two psychological evaluations, both very extensive, and both have rendered the opinion that further psychiatric and psychological evaluation and treatment are indicated. He lives a very isolated life that is devoid of social interaction. While not overtly suicidal, he has responded during psychological evaluations that life is not worth living.The claimant has undergone a detailed and comprehensive evaluation for a functional restoration program. He has had about 18 psychological sessions for evaluation and treatment over about a 15 month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: Step 3 of the MTUS guidelines clearly indicates that if pain continues, as it has in this case, that "Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." A psychiatric re-evaluation would be necessary to integrate and provide guidance and leadership for coordination of both the talking and psychiatric medication (if needed) components of the care. The very fact that no progress has been documented up to this point would provide evidence for psychiatric re-evaluation as detailed in Step 3 of the MTUS pain guidelines for psychological treatment.

Medical management services: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: Step 3 of the MTUS guidelines clearly indicates that if pain continues, as it has in this case, that "Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." Medication management is a key and integral component of a multidisciplinary approach to providing effective mental health care. This patient has a complex and intertwined presentation of symptoms that include his pain, psychological effects due to chronic opiate use, as well as symptom complex of depressive and anxiety symptoms. It would be very difficult to imagine this patient having any reasonable chance of improving without medication management to address not only the psychological effects of his chronic opiate and Soma use but also the need for ongoing management of psychiatric medication.

Continued psychological testing every two weeks for three months, then monthly for a year: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT). .

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: Step 3 of the MTUS guidelines above clearly indicates that if pain continues, as it has in this case, that "Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." Psychological testing every two weeks for three months then monthly for a year would be the only objective, measurable and evidence based method of evaluating the efficacy or lack thereof of the multidisciplinary mental

health treatment detail above in this report. Any other way of assessing the patient's progress would lake sufficient metric accuracy and would be influenced by subjectivity in ways that would not allow for proper adjustments of talk therapies and/or psychiatric medication management aimed at optimizing the patient's treatment outcome.