

<b>Case Number:</b>	CM13-0016406		
<b>Date Assigned:</b>	09/27/2013	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. The expert 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 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/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 42-year-old male with a 4/23/2004 date of injury. A specific mechanism of injury was not described. 8/16/13 determination was non-certified given no documentation of the number of sessions provided to date and functional outcomes. Regarding the two medication follow-ups there was no indication why the patient is not seen by his physician to provide routine medication. There is a reported report by [REDACTED] that identifies that the patient had plateaued with no further improvement was expected. There was persistent depression and hyper-irritability. It was documented that although the patient's chronic psychiatric condition was not cured or could not be cured, the requested treatment services were essential to prevent deterioration and to provide sufficient relief to allow even minimal functional at home and in the community. A 7/11/13 psychiatric medication management record indicated that the patient was anxious, had more pain when anxious and had decreased sleep. Current medications include Prozac, Cymbalta, Klonopin, and Buspar. Diagnosis included depression secondary to injury. 4/18/13 medical report identified constant pain 9-10/10 at worst, 6-7/10 at best, and 7/10 on average. Exam include tender cervical spine with pain on palpation of the cervical facets on the right side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THREE INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY (CBT) SESSIONS:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 19-23 Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. The prior adverse determination was reviewed for lack of a prior frequency and duration of treatment as well as any functional outcomes. In the context of this request, this information is still not available. It is noted that the patient is on Prozac however the psychological reports are handwritten and largely illegible. In this case, the documentation does not justify additional CBT.

**TWO MEDICAL FOLLOW-UPS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, 2nd Edition, 2008, Chapter 15: Stress Related Conditions, page 1068.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127, 156 and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter, Office Visit.

**Decision rationale:** The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It appears that the requested medical follow-ups are intended for medication management. However, the patient was being seen by a pain management physician who was prescribing medications and also by a psychiatrist who was also prescribing medication. There was no clear indication of who was the intended physician to see the patient for the requested follow-ups. There were no clear reports from the psychiatrist indicating a medication treatment plan. While medication monitoring and management was medically necessary, there was insufficient documentation to support the necessity of two medical follow-ups.