

Case Number:	CM13-0035062		
Date Assigned:	12/13/2013	Date of Injury:	02/15/2008
Decision Date:	06/13/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient is a 36 year old male whose date of injury is 02/15/2008. The patient injured his back while changing a filter on a pool. Treatment to date includes surgical intervention (lumbar microdiscectomy in September 2008), lumbar epidural steroid injections and physical therapy. The patient is being followed for chronic low back pain with bilateral lower extremity radiation. Agreed medical evaluation in psychology dated 12/13/12 indicates that the patient began weekly psychotherapy in mid-2011 which was discontinued in October 2012. The patient was also treated by a psychiatrist during this time. TOMM test results were suggestive of good effort. MMPI results are valid for interpretation. Diagnoses are major depressive disorder, and pain disorder associated with both psychological factors and a general medical condition. It was determined that the patient's mental condition reached maximum medical improvement as of 12/13/12. Future treatment is recommended to include 24-48 sessions of individual psychotherapy as well as 18-36 medication management visits. Note dated 08/29/13 indicates that the patient's Klonopin was abruptly discontinued. The patient subsequently had a seizure. Psychiatric re-evaluation dated 09/09/13 indicates the patient is frequently thinking of suicide. Mood was depressed and anxious. BDI is 39 and BAI is 50. Diagnoses are major depressive disorder, psychological factors affecting other medical conditions, and somatic symptom disorder. Re-evaluation dated 02/24/14 indicates that the last lumbar epidural steroid injection was performed in June 2010 and provided improved function and reduced medication usage for approximately 3 months. Current medications are listed as Senokot, Butrans patch and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual cognitive behavioral psychotherapy (10 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Behavioral Interventions.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears the patient has undergone extensive psychological treatment to date. It is unclear how many sessions the patient has had. The patient's psychological condition decompensated in 2013 and the patient was subsequently authorized for 6 sessions of cognitive behavioral therapy. There is no indication that these sessions were completed, and if so, there is no documentation of objective functional improvement. It would be unwise to abruptly discontinue psychotherapy for this unstable patient, and the initial request was modified by UR. As such, the currently requested 10 additional psychotherapy sessions are not medically necessary.

Monthly psychotropic medication management (12 visits): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Office Visits.

Decision rationale: ODG states that follow-up should be based upon review of patient concerns, signs, symptoms, clinical stability, and reasonable physician judgment. ODG goes on to state that patients using medications such as opiates, benzodiazepines, or antibiotics require more frequent visits. The submitted records indicate that the patient has undergone extensive psychological treatment to date. The patient's psychological condition decompensated in 2013 and the patient was subsequently authorized for 6 sessions of medication management. There is no indication that these sessions were completed, and if so, patient response to treatment is not documented to establish efficacy of treatment and support additional visits. It is clear that this patient requires ongoing treatment for psychotropic medication. However, if the patient

decompensates again he may need sessions more frequently than once a month. Additionally, if the patient becomes more stable, he may require a treatment frequency of less than once a month. The initial request was modified it to recommend certification for 6 visits to allow the follow-up plan to be more dynamic. The current request is for 12 visits. It is impossible to know how frequently the patient will require visits in the future, therefore recommending 12 visits on a monthly basis may not allow the physician to treat the patient appropriately. As such, the currently requested monthly psychotropic medication management visits are not medically necessary.