

Case Number:	CM13-0039632		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2010
Decision Date:	04/28/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/07/2013

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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:

The claimant is documented as having sustained a fall on September 10, 2010. The utilization review dated October 1, 2013 documents a denial for a referral to a psychiatrist for medication management. The reviewer indicates that the claimant has failed two scheduled visits with an addiction clinic and had no documented functional improvement after 4 sessions of cognitive behavioral therapy. The reviewer documents a conversation with the treating clinician that affirms the above findings and an agreement was reached for non-certification. A request for consultation by a psychologist was initially placed on January 17, 2013. The clinical progress note, dated September 13, 2013, indicates that the treating clinician had received the QME report which indicated diagnoses of adjustment disorder with depressed mood and anxiety disorder. The QME indicated the causation as "being predominantly industrial." The clinician requests 6 months of weekly individual cognitive behavioral psychotherapy and evaluation by a psychiatrist for medication management. Prior to this request being placed, a partial certification for 3 additional cognitive behavioral therapy sessions was certified secondary to documentation from the psychiatrist indicating improved function, but no functional improvement, as defined by the MTUS, was documented. Multiple progress notes indicate that the clinician was attempting to decrease the amount of opiates the claimant was utilizing.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION BY PSYCHIATRIST FOR MEDICATION MANAGEMENT QTY: 1.00:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): s 74-96; 124.

Decision rationale: The MTUS supports an evaluation by a substance abuse specialist if the claimant cannot tolerate a taper of the medication. Additionally, the MTUS indicates that individuals with complex conditions with multiple comorbidities, including psychiatric disorders, should be referred to an addiction medicine/psychiatry specialist. However, based on the documentation provided, the claimant had previously failed two attempts at working with an addiction specialist. Additionally, cognitive behavioral therapy was undertaken and no documented functional improvement, as defined by the MTUS, was noted. As such, given the lack of efficacy indicated with the previous psychiatry referrals, the request for an additional consultation for medication management is not medically necessary.

TWENTY FIVE (25) INDIVIDUAL CBT PSYCHOTHERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Section Page(s): 23.

Decision rationale: The MTUS recommends at most a total of 10 cognitive behavioral therapy visits. Based on the clinical documentation provided, the psychiatrist indicated that function had improved, but did not qualify the functional improvement objectively. As such, given the number of treatments requested and the lack of documentation of objective functional improvement, the request is not medically necessary.