

Case Number:	CM13-0041841		
Date Assigned:	12/20/2013	Date of Injury:	05/25/2011
Decision Date:	05/13/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/08/2013

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 Psychology, and is licensed to practice in Texas. 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 59-year-old female with a reported work related injury on 05/25/2011. The mechanism of injury occurred while the injured worker was working as in inventory counter and was on her way from a job site home, the driver fell asleep, and their vehicle rolled into a gully. The injured worker complained of a stiff neck and low back pain following the accident, returned to work, and continued having the same issues. The injured worker reportedly has had physical therapy which did help, and was given exercises to do. Diagnoses were status post motor vehicle accident, low back pain, lumbar degenerative disc disease, lumbar spondylosis, moderate central canal stenosis at L3-4 and lumbar radiculitis. The treatment plan was for a trial of lumbar epidural steroid injections and medication management. On 10/22/2013, the injured worker presented for a psychiatric followup visit. The injured worker reportedly was not doing very well and was nervous, anxious, and very irritable. Mood was profoundly depressed, affect was labile, as well as angry and upset that medications were not being approved. The treating physician indicated that the injured worker, without medications, would be at risk of having a full-blown relapse and could end up in a psychiatric hospital. It was also noted by the treating physician that the injured worker was a significant suicidal risk without medications. The plan was to start the injured worker on Viibryd 10 mg at bedtime, and gradually increase the dose to 2 tablets at bedtime, Klonopin 0.5 mg on an as-needed basis for anxiety and panic attacks twice a day, and Ambien 10 mg at bedtime for insomnia. A recommendation by the treating physician was also for the injured worker to see a therapist for cognitive behavioral therapy for ongoing psychiatric care and treatment to alleviate the effects from the industrial injury. On a psychiatric follow-up on 11/01/2013, the injured worker presented still very distraught and despondent and upset that prescriptions were not being filled, and cognitive behavioral therapy sessions had not been approved. Medications on that visit were Klonopin 0.5 mg as needed for

anxiety and panic attacks twice a day, Latuda 20 mg at bedtime, and Viibryd 40 mg at bedtime. The treating physician did discuss with the injured worker details about medications' risks and benefits, adverse affects, side effects, and therapeutic effects. The injured worker was instructed to notify staff or call the office for any untoward side effects, and go to the emergency room for adverse effects or allergic reactions. The injured worker verbalized full understanding of the information. A request for authorization was received on 10/22/2013 for cognitive behavioral therapy 6 visits over 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONCE A MONTH FOR 6 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS/ACOEM Guidelines recommend problem-focused strategies intended to help alter the perception of stress; or emotion-focused, with strategies intended to alter the individual's response to stress. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended. The request for cognitive behavioral therapy once a month for 6 months is non-certified. Although the clinical submitted for review indicates that the injured worker has exhibited psychological symptomology as evidenced by nervousness, anxiousness, irritability, depression, and labile affect, as well as medications prescribed for insomnia and anxiety, the guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The guidelines would not support the request, as the request exceeds the total recommended initial trial of visits. As such, the request is non-certified.