

Case Number:	CM13-0042068		
Date Assigned:	04/25/2014	Date of Injury:	07/29/2010
Decision Date:	07/04/2014	UR Denial Date:	10/08/2010
Priority:	Standard	Application Received:	10/16/2013

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and 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:

In a psychiatric evaluation by the physician of 08/29/13 the patient attested to becoming significantly and severely depressed when he had to quit his job, after working for approximately 1 year after his industrial injury. His depressive symptoms included insomnia (5-6 hours of intermittent sleep), poor appetite, loss of interest in normal activities, loss of sexual interest, and intermittent suicidal ideation without intent. He scored 30 on the Beck Depression Inventory (severe range) and was diagnosed with major depressive disorder recurrent severe without psychotic features. The physician started him on Nortriptyline 10mg at night. There are progress reports from the physician. Her note of 06/27/13, as well as one covering services in June and July 2013 (date unknown), both report that the patient's depression was increasing due to pain and a prolonged waiting period for surgery. He was receiving cognitive behavioral therapy in May 2013 (start date unknown). In the physician 10/04/13 report she noted that the patient scored 39 on the Beck Depression Inventory (severe range), and endorsed the highest level of sadness, pessimism, indecisiveness, fatigue, and loss of interest in sex. He scored 23 on the Beck Anxiety Inventory (moderate). He reported improved sleep and significantly decreased irritability and anxiety since being prescribed medications by the physician. In a progress report dated 10/29/13 by the physician, his medications included Synovacin 500mg TID, Ambien 10mg QHS, Sentra PM, Norco 10-325mg, and Flexeril 7.5mg BID. The patient had conservative treatments of physical therapy, home traction, epidural injections, and acupuncture for his industrial injury, with no relief. He continued to suffer from neck pain that occasionally radiates down to his arms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC TREATMENT EVERY 2 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page(s) 23 of 127 Page(s): 23 of 127.

Decision rationale: Per CA-MTUS chronic pain guidelines, the patient has received a noninvasive approach to his industrial injury with lack of progress. He has been receiving individual CBT since at least May 2013, which well exceeds CA-MTUS/ODG guidelines above. The patient's current status is unknown, at last report no functional improvement was evident, and any additional benefit from more psychotherapy every two weeks is not clear. This request is therefore not medically necessary.