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| Case Number: | CM13-0042399 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 07/09/2012 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 Neurology, 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:

The patient is 31-years-old with date of injury 07/09/2012. Date of UR decision was 09/26/2013. Industrial injury resulted in pain in left wrist and left shoulder. Progress note by Psychologist dated 3/8/2013 indicates subjective complaints of mild depression and anxiety. Objective findings are normal mood and affect. Has been diagnosed with Major depressive affective disorder, single episode, moderate, Anxiety ds NOS and Pain Disorder Associated With Both Psychological Factors and a General Medical Condition. Medications include venlafaxine, norco, gabapentin, alprazolam. Final Determination Letter for IMR Case Number [REDACTED] A note from 5/01/2013 lists subjective complaints as "The patient complains of depression, anxiety and overall stressed. Complains of difficulty sleeping and concentrating." Has received psychotherapy and acupuncture. Note from 6/12/2013 states that injured worker complains of anxiety and mild depression. Note from 9/25/2013 states "the patient complains of overall tiredness, complains of anxiety and increased appetite". The total number of psychotherapy focused on CBT and biofeedback have not been documented. Primary Treating Physicians progress report dated 9/23/2013 states injured worker has stress/anxiety, insomnia. Urinalysis is recommended for drug compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCH THERAPY 2 TIMES A WEEK TIMES 3 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states "Psychological treatment- Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The injured worker has been receiving Psychotherapy with CBT and biofeedback approach. It is unclear as to how many sessions she has received, or any evidence of objective functional improvement. She reports subjective improvement per documentation. Additional information is required to affirm medical necessity for group therapy 2 times a week for 3 weeks. The request for Group Psychotherapy, twice per week for three weeks is not medically necessary

URINE ANALYSIS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing: Opioids Page(s): 43 and 94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states "Drug testing - Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. " The Chronic Pain Medical Treatment Guidelines also states in the Opioids, steps to avoid misuse/addiction section "The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens." The injured worker is being prescribed controlled substances such as Norco and Alprazolam that have high risks of abuse, diversion etc. She has not shown any aberrant behaviors and has been taking medications as prescribed based on past results which have been positive for what she is prescribed. However, Random urinalysis for drug compliance may be helpful in recognizing any signs of substance abuse or diversion. The request does not specify as to how many urinalysis are requested and whether it would be random or not. The request for urine analysis is not medically necessary or appropriate.

