

Case Number:	CM13-0046012		
Date Assigned:	12/27/2013	Date of Injury:	11/23/2005
Decision Date:	03/07/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 57-year-old female who was injured on November 23, 2005 when she sustained a fall at work. The patient had sustained prior injuries when she was assaulted at work on March 23, 2004. The patient continued to experience pain in her neck, back, left wrist, bilateral legs, and ankle. The patient also complained of vertigo, headaches and short-tem memory loss. MRI of the cervical spine, done on April 11, 2013, showed anterior fusions of C4, C5, C6, and C7; diffuse disc disease and mild canal stenosis. MRI of the lumbar spine, done on the same day, showed fusions of the bodies of L3, L4, L5, and S1 and moderate spinal stenosis at L2-3. Diagnoses included chronic pain syndrome, lumbar radiculopathy, and status post cervical spine fusion with residual pain, status post lumbar spine fusion with residual pain, status post bilateral carpal tunnel release, and right ankle surgery. Treatment included psychotherapy, medications, physical therapy, and steroid injections. Request for authorization for additional psychiatric visits for an additional six months was received on October 4, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychiatric office visits for six months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Behavioral Interventions

Decision rationale: Psychological treatment is 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. ODG Psychotherapy guidelines are as follows: - Initial trial of 6 visits over 6 weeks - With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) Extremely severe cases of combined depression and PTSD may require more sessions if documented that cognitive behavioral therapy is being done and progress is being made. In this case the patient was being treated with antidepressants and had been under a psychiatrist's care since 1994. Documentation regarding setting goals and appropriateness of treatment were not present. Assessment of psychological and cognitive function was not current. The effectiveness of the psychiatrist visit is not documented. Request for more psychiatrist office visits is not recommended.