

Case Number:	CM13-0048234		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2010
Decision Date:	03/26/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/05/2013

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 Orthopedic Surgery 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 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:

This 67-year-old claimant sustained an injury on 06/18/13. The records provided for review documented that this patient has been treated for back and leg pain and depression. This claimant underwent an initial psychiatric evaluation with [REDACTED] on 08/01/13. Trazodone for sleep, six sessions of cognitive behavioral psychotherapy for depression and anxiety, and insomnia, and monthly visits for six months for the purpose of medication management were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Trazodone 50mg with two refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Pain.

Decision rationale: The 60 Trazodone 50 mg with no refills would be considered medically appropriate in this case based on the Official Disability Guidelines. Therefore, the answer is modified. California MTUS Guidelines do not address this issue. If one looks towards the Official Disability Guidelines, Trazodone may be an option to treat insomnia in patients with coexisting depression. This claimant has insomnia and depression. Therefore, Trazodone is an

option for treatment. It would be reasonable to treat this patient for one month and then evaluate the response to treatment prior to authorizing additional prescriptions for Trazodone. Therefore, one prescription for Trazodone #60 50 mg would be considered medically appropriate in this case.

6 sessions of cognitive behavioral therapy: Upheld

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

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

Decision rationale: Six sessions of cognitive behavioral therapy would not be considered medically appropriated based upon the California MTUS Chronic Pain 2009 Guidelines. California MTUS Chronic Pain Guidelines support cognitive behavioral therapy for patients at risk for delayed recovery. This claimant is being treated for depression. Therefore, cognitive behavioral therapy would not be indicated per the California MTUS Guidelines.

6 monthly medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, 1062-1067.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Medication Management Page(s): 60-61.

Decision rationale: Six monthly medication management sessions would not be considered medically appropriate based on the California MTUS Guidelines but three monthly medication management sessions would be reasonable.. California MTUS Guidelines recommend follow up visits as determined by the severity of the symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. In this case, this claimant has been referred for psychotherapy and is being managed with medications. A monthly follow up visit for medication management would be appropriate. Six seems excessive, and therefore, it would be more reasonable to start with three monthly medication management sessions.

6 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, 1062-1067.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Management Page(s): 101-102.

Decision rationale: Six sessions of psychotherapy would not be considered medically appropriate in this case based upon the California MTUS Chronic Pain Guidelines. Rather, the

initial trial of four visits would be considered medically appropriate. Therefore, the answer is modified. California MTUS Chronic Pain Guidelines support initial trial of three to four psychotherapy visits and with evidence of objective functional improvement, a total of 6 to 10 visits. Therefore, per the California MTUS Chronic Pain Guidelines, the answer is modified. The initial trial of three to four psychotherapy visits would be considered medically appropriate in this case.