

Case Number:	CM13-0053830		
Date Assigned:	12/30/2013	Date of Injury:	04/21/2004
Decision Date:	03/11/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/18/2013

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: 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 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 53 year old female with date of injury 4/21/04 had a history of anxiety and depression. The date of Utilization Review (UR) decision was 10/25/13. According to progress report by [REDACTED] on 07/01/13, injured worker's "depression is worse as the pressure at work has restarted, she doesn't cry, she complains of anxiety and sleeps 4-5 hours a night." She has been given diagnosis of adjustment disorder with mixed mood and anxiety (ICD 9 309.28) and major depressive disorder, recurrent, unspecified (ICD 9 296.3). Medications prescribed are Restoril 30 mg at bedtime, Lexapro 20 mg in the morning and Ativan 0.5 mg in the morning and afternoon. In progress report by [REDACTED] dated 07/31/13, the injured worker has been diagnosed with adjustment disorder with mixed depression and anxiety based on subjective complaints of anxiety and severe fatigue and objective findings of depression and frustration. Weekly psychotherapy treatment is requested. Medication, telephone consults biofeedback therapy and related psychiatric and social services are proposed as the treatment plan. The proposed treatment plan states that psychotherapy will be provided by a licensed psychotherapist and medical services to be provided by a board certified psychiatrist. Plans states that no more than once a month medication visits will be implemented once the medication regimen is optimized. No additional details regarding specifics of proposed treatment plan are noted. Injured worker to remain off work until released by physician per progress reports from 05/31/13 and 07/31/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive-Behavioral Therapy (CBT): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, there were no records indicating fear avoidance beliefs, objective functional improvement nor any records indicating how many sessions of psychotherapy the injured worker received. Additional information is required to affirm medical necessity.

Psychotherapy Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines states "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." No rationale for the purpose of psychotherapy, the number of sessions required, history of any prior psychotherapy sessions etc has been provided. Additional information is required to affirm medical necessity.

Medication, unspecified amount or duration: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: No indication of what medications are being requested or the response to the current medications is noted in the progress reports. Additional information is required to affirm medical necessity.

Biofeedback Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: With regard to biofeedback, the MTUS California Pain Medical Treatment Guidelines states "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." Because the injured worker does not meet the criteria for cognitive behavioral therapy, and biofeedback is only recommended as an option in a Cognitive-Behavioral Therapy (CBT) program, the request is not medically necessary.

Telephone Consults: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: No clear rationale for the purpose of telephone visits, how many visits, duration etc. has been provided.

Psychiatric Services: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Upon review of the submitted documentation, it was not specified what psychiatric services were requested or why they were necessary for the injured worker. The request is not medically necessary.

Social Services: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: It is unclear as to what social services are being requested. Without documentation explaining this medical necessity cannot be affirmed.