

Case Number:	CM13-0055475		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2006
Decision Date:	04/28/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/21/2013

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 62-year-old male who worked as a registered nurse at [REDACTED] of California when he sustained an injury to his lower back on 02/06/06. At the time of injury, he was sitting while working; when he went to get up out of his chair he felt an intense pain and discomfort in his lower back that radiated to his lower extremities. At the time of injury, he indicated that his pain was quite debilitating and sharp to his lower back. He was evaluated on the date of injury; however, the documentation of events were cut off with no further history provided. He subsequently underwent microscopic lumbar discectomy at L4-L5 on Feb 17, 2006. A little over two years later, he underwent an anteroposterior discectomy and fusion of L4-5 and L5-S1. According to an Orthopedic evaluation performed on March 2, 2011, the patient has experienced multiple work related injuries, culminating in pain generating from the cervical, lumbar, right knee and left forearm wrists and hand. He underwent a right total knee arthroplasty in June of 2001. The patient has a history of stress, depression and anxiety, as well as suicidal attempt attributed to his chronic pain and physical limitations and stress. He has been diagnosed with major depression disorder that is moderate and chronic in presentation. He has been under psychiatric treatment for quite some time for fatigue, memory and concentration impairment, depression, anxiety, anhedonia, sleep disturbance, anger management, and has been taking Fluoxetine for medicinal treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional individual psychotherapy once weekly for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL INLLNESS & STRESS, MAJOR DEPRESSIVE DISORDER, <http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm#P3>

Decision rationale: Psychotherapy is recommended as standard treatment for mild presentations of major depressive disorder (MDD) and a potential treatment option for moderate presentations of MDD, either in conjunction with antidepressant medication, or as a stand-alone treatment; and a potential treatment option for severe presentations of MDD (with or without psychosis), in conjunction with medications or electroconvulsive therapy. It is not recommended as a stand-alone treatment plan for severe presentations of MDD. With the patient's diagnosis of MDD that has lapsed because his orthopedic agreed medical evaluations (AME) undergoing re-deposed as this month, I believe it is in the patient's best interest to have available the means to appropriately address this as previous lapses cause significant dysfunctions. I find that the request has merit and is therefore medically necessary.

Medication management once quarterly: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: A search of the CA MTUS and ODG guidelines, as well as web searches of Pubmed and OVID, found not a single reference regarding the periodicity of medication management. Being that as it may, I think it is a reasonable request to properly manage any patient's medications to ensure compliance, correct medication usage and thwart adverse side-effects or medication interactions. I find the request a medical necessity.