

Case Number:	CM13-0059619		
Date Assigned:	12/30/2013	Date of Injury:	03/28/2011
Decision Date:	03/26/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/02/2013

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 patient is a 34 year old male with date of injury 3/28/2011, which resulted in low back pain. The injured worker has attended 24 psychotherapy sessions so far, without any evidence of objective functional improvement. Has been diagnosed with PTSD, major depressive disorder has been tried on Cymbalta, Clonazepam and Risperidone. He has been instructed regarding relaxation techniques as well. The diagnosis per progress report from psychiatrist on 4/2/13 was adjustment disorder with mixed features and the injured worker is being prescribed Risperidone 0.5 mg for depression/sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 twice monthly psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

Decision rationale: The 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. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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. Upon review of the submitted documentation, it is gathered that the injured worker has had at least 24 psychotherapy sessions and there has been no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for 8 more psychotherapy sessions is not medically necessary and will be denied.

6 monthly medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Office visits Stress Related Conditions

Decision rationale: The California MTUS states "It is recognized that primary care physicians and other non psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional." The ODG states "Office visits: Recommended as determined to be medically necessary". In this case, the injured worker is taking low dose Risperidone for depression/sleep per psychiatrist progress note. The injured worker is not suffering from severe stress conditions that would warrant monthly monitoring with a specialist. The low dose Risperidone if needed to be continued can be renewed by primary provider. The request for 6 monthly medication management sessions is not medically necessary and thus will be denied