

Case Number:	CM13-0060080		
Date Assigned:	12/30/2013	Date of Injury:	07/13/2012
Decision Date:	03/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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:

43 y/o male with date of injury 7/13/2012. Date of UR 10/31/2013. His work related injury resulted in musculoligamentous sprain and lumbar radiculopathy. PR dated 1/19/13 states that injured worker "reports difficulty sleeping, stress and anxiety". He has not tried any antidepressants per progress report date 7/23/13. Per QME report prepared by Psychologist, the injured worker has been diagnosed with major depressive disorder, moderate, single episode; sleep disorder due to medical condition Received 6 CBT sessions. Last session was on 12/13/13. The documentation suggested subjective benefit per injured worker but no clear evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up psyche office visits x 4 over 6 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress related conditions, Office visits.

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary". In this situation, it appears that no medications for depression, anxiety or sleep have been tried so far by the primary provider. The injured worker does not have any severe mental health conditions at this time that would warrant specialty referral.

Group psychotherapy x 6 sessions over 2 months: Upheld

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: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatments Page(s): 101.

Decision rationale: MTUS states that "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. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. In this case the injured worker has received 6 treatments of CBT with no evidence of "objective functional improvement". Group therapy sessions are not deemed to be medically necessary at this time.

Psycho-pharmacology management consult (Psychiatrist): Upheld

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

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), Office visits, Stress related conditions.

Decision rationale: 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." ODG states "Office visits: Recommended as determined to be medically necessary". In this situation, it appears that no medications for depression, anxiety have been tried so far by the primary provider. The injured worker does not have any severe mental health conditions at this time that would warrant specialty referral. The request for Psychiatrist consult is not medically necessary at this time.

Biofeedback training x 6 sessions over 2 months: 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: MTUS states that "Biofeedback is 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The injured worker has had 6 CBT treatments with no documented evidence of "objective functional improvement". Thus 6 sessions of Biofeedback treatment are not medically necessary based on the above MTUS guidelines.