

Case Number:	CM13-0060870		
Date Assigned:	12/30/2013	Date of Injury:	08/31/1998
Decision Date:	06/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/04/2013

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 American Board of Psychiatry and Neurology: Child & Adolescent Psychiatry 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 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:

The injured worker is a 51 year old male whose date of injury is 8/31/98. He suffered a repetitive overhead motion injury with subsequent chronic pain. He was complaining of neck, bilateral shoulder and upper extremity intense pain, headaches, and disturbances in skin sensations, with numbness and tingling. In 2000 and 2002 cervical fusion surgeries are noted. Pain relieving treatments include a cervical cord stimulator implant, physical therapy, and analgesic medications (MS Contin, OxyContin, Fentanyl, Amitriptyline). He developed mental health symptoms which included depressed mood, anxiety and agoraphobia. His mental health treatment from 2005 involved weekly individual psychotherapy with a psychologist, and once every other month medical management with a psychiatrist as the treating physician. The treating physician's progress note dated 7/25/13, documented that the injured worker is diagnosed with Major Depressive Disorder. There is no documentation of current Mental Status Examination. The prescribed medications are listed, which include Wellbutrin XL300mg daily, Prozac 20mg daily, Risperidone 3mg daily, Neurontin 300mg daily, and Xanax 0.5mg. The treating psychotherapist's progress note dated 11/15/13 indicated that the injured worker was complaining of pain, anxiety, agoraphobia. The note further indicated the injured worker went on an out of town vacation, but spent most of the time in his room. On 11/22/13, there are reports of increased anxiety, clearer thoughts, and was more positive overall, although losing confidence with driving. The UR denial was based on the lack of clinical detail in the progress notes, and the absence of compelling reasons to justify the additional treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) MEDICATION MANAGEMENT SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Section 9792.20-26 Page(s): 11-16.

Decision rationale: The CA MTUS, Chronic Pain Medical Treatment Guidelines Section 9792.20-26, pages 11-16 indicates that the duration of continued medication treatment for chronic pain depends on the physician's evaluation of progress towards treatment objectives, efficacy, and side effects. Long term effectiveness of antidepressants has also not been established. The use of Selective Serotonin Reuptake Inhibitors (SSRIs) are controversial based on controlled trials in the treatment of chronic pain. The main use of SSRIs may be used in addressing psychological symptoms associated with chronic pain. In the documents provided for review, there is no clinical evidence of medication adjustments of the patient's SSRI antidepressant medication (Prozac), or of any persisting serious symptoms which would significantly interfere with function (such as no suicidal or homicidal ideation, and no uncontrolled psychotic symptoms). There is also an absence of specific treatment goals/objectives, and no indication by the treating physician of the injured worker's clinical progress with medical management of the Major Depression. There is also no statement of the requested frequency of medical management appointments, estimated duration of continued treatment, and of any consideration of a plan to transition treatment from psychiatric specialist care back to primary care. Based on the insufficient justification for continued medication treatment for the injured worker, an additional 6 medical management sessions is not medically necessary.

SIXTEEN (16) COGNITIVE BEHAVIORAL THERAPY SESSIONS: 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 Section 9792.20-26 Page(s): 11-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The MTUS guidelines support the usefulness of Cognitive-Behavioral Therapy (CBT) in helping alleviate symptoms of depression and anxiety associated with chronic pain. The ODG guidelines for CBT indicate that if there has been lack of symptomatic improvement in pain after 4 weeks of physical therapy, an initial trial of 3-4 CBT visits over 3-4 weeks is worthwhile, followed after objective signs of improvement with up to 6-10 visits over 5-6 weeks. For chronic pain in conjunction with severe conditions (such as Major Depression or PTSD) a trial of 6 sessions in 6 weeks, and with signs of objective improvement, to be extended to a maximum of 13-20 sessions over 13-20 weeks. The injured worker has reportedly received

weekly individual psychotherapy, incorporating CBT, by the treating psychologist, since 2005. This means that that the injured worker has already received many more than the ODG-recommended maximum 20 sessions of CBT, as of the most recent treating provider note dated 11/25/13. The accompanying provider notes are brief, and indicate that the injured worker has made significant progress, in that although there are some persisting anxiety symptoms, including agoraphobia, nonetheless, he has gone on a vacation out of the security of his home and functioned adequately. There are no reported ongoing suicidal or homicidal thoughts, and no uncontrolled psychotic symptoms. In addition, there are indications of improved clarity of thought, and of a more optimistic outlook overall. In the absence of compelling serious mental health symptoms or of pain-related functional deterioration, the requested additional 16 CBT sessions are not medically necessary.