

Case Number:	CM13-0061480		
Date Assigned:	03/03/2014	Date of Injury:	09/24/2013
Decision Date:	06/30/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/05/2013

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 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:

This is a 74-year-old male with date of injury 9/24/2013. The date of utilization review decision was 11/14/2013. The injury occurred with six juveniles attacking his patrol vehicle. The doctor's first report of Occupational injury from 9/25/2013 listed subjective complaints as "really stressed, danger to his life, shaking, having panic attacks, asking for xanax and few days off. Objective findings were that the injured worker appeared stressed out. The report from 10/29/2013 listed subjective complaints as "Patient is tense, anxious, irritable, nervous, angry, chest pain, shortness of breath, heart pounding, sleep problems, weight loss, and concentration/thinking loss withdrawal." Objective findings include scores of 18 on Beck Anxiety Inventory (BAI), 10 on Beck Depression Inventory (BDI). The report from 11/18/2013 lists subjective complaints as stress level of 9/10. The psychiatric progress report, from 01/07/2014, states that the injured worker continues to suffer from depression and anxiety, and unable to sleep at night. Progress report indicates that the injured worker has been participating in clinical behavioral therapy. The psychiatric supplemental report from 12/05/2013 was reviewed. The injured worker has been diagnosed with Major Depressive Disorder, single episode, without psychotic features, generalized anxiety disorder and post traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

CIPE (PSYCHE EVALUATION AND TESTING) ASAP,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHE EVALUATIONS, Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Psychological evaluations

Decision rationale: The Official Disability Guidelines (ODG) states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub acute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation, which describes and evaluates the following 26 tests: (1) BHI - Battery for Health Improvement, (2) MBHI - Millon Behavioral Health Inventory, (3) MBMD - Millon Behavioral Medical Diagnostic, (4) PAB - Pain Assessment Battery, (5) MCMI-111 - Millon Clinical Multiaxial Inventory, (6) MMPI-2 - Minnesota Inventory, (7) PAI - Personality Assessment Inventory, (8) BBHI 2 - Brief Battery for Health Improvement, (9) MPI - Multidimensional Pain Inventory, (10) P-3 - Pain Patient Profile, (11) Pain Presentation Inventory, (12) PRIME-MD - Primary Care Evaluation for Mental Disorders, (13) PHQ - Patient Health Questionnaire, (14) SF 36, (15) SIP - Sickness Impact Profile, (16) BSI - Brief Symptom Inventory, (17) BSI 18 - Brief Symptom Inventory, (18) SCL-90 - Symptom Checklist, (19) BDI-II - Beck Depression Inventory, (20) CES-D - Center for Epidemiological Studies Depression Scale, (21) PDS - Post Traumatic Stress Diagnostic Scale, (22) Zung Depression Inventory, (23) MPQ - McGill Pain Questionnaire, (24) MPQ-SF - McGill Pain Questionnaire Short Form, (25) Oswestry Disability Questionnaire, (26) Visual Analogue Pain Scale - VAS. In this case, the injured worker underwent some Psychological testing such as BAI and BDI per progress report from 10/29/2013. Additional information regarding what Psychological testing is intended to be performed, such as the purpose of the request etc, are needed to establish medical necessity. As such, the request is not certified.

TWELVE (12) CLINICAL BEHAVIORAL THERAPY SESSIONS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Stress and Mental illness chapter, Cognitive therapy for depression

Decision rationale: The MTUS is silent regarding this issue. The Official Disability Guidelines (ODG) Psychotherapy Guidelines recommend: "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment

strategies can be pursued if appropriate. In cases of severe Major Depression or post traumatic stress disorder (PTSD), up to 50 sessions is allowed if progress is being made." The psychiatric progress report from 01/07/2014 indicates that injured worker has been participating in clinical behavioral therapy. It is unclear as to how many behavioral therapy sessions the injured worker has received so far, any evidence of functional improvement. Additional information is necessary to affirm medical necessity. As such, the request is not certified.

MEDICATION MANAGEMENT ONCE PER MONTH: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation MTUS: ACOEM, STRESS RELATED CONDITIONS-OCCUPATIONAL MEDICAL PRACTICE GUIDELINES, 1068

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

Decision rationale: According to the CA MTUS guidelines "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns." The Official Disability Guidelines (ODG) states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." In this case, the request does not mention the number of medication management sessions being requested, approximate length of time it needs to be continued for, the goals of treatment etc. Additional information is required to affirm medical necessity. As such, the request is not certified.