

Case Number:	CM13-0063074		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2011
Decision Date:	05/09/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine & Rehabilitation 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 47-year-old female who reported an injury on 09/15/2011. The mechanism of injury was not provided in the medical records. The injured worker's symptoms included anger, anxiety, depression, diminished energy, and social withdrawal. Findings upon examination included agitation, anxiety, depressed mood, and impaired concentration. The injured worker was diagnosed with major depressive disorder, single episode. Past medical treatment and diagnostic studies were not included in the medical records. On 10/14/2013, a request for cognitive behavioral therapy 24 sessions over 24 weeks (retrospective 09/10/2013) had been made. A rationale for the requested treatment was not provided. On 9/23/2013, a request for medication management had been made. A rationale for the requested treatment was not provided. The authorization request for sleep study was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested, is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY; TWENTY FOUR (24) SESSIONS OVER TWENTY-FOUR (24) WEEKS, PER THE 9/10/13 REPORT (RETROSPECTIVE):

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) for Mental Illness and Stress regarding Cognitive therapy for depression

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions/ Psychological Treatment Page(s): 23,101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the MTUS Chronic Pain Guidelines, 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 Guidelines further state if lack of progress from physical medicine alone is documented, psychotherapy CVT would be considered. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended and with evidence of objective functional improvement, a total of up to 6 to 10 visits would be recommended. The documentation submitted for review failed to provide the clinical note dated 09/10/2013, from the original request. The clinical note dated 07/08/2013 indicated the injured worker continued to require the use of psychotropic medication and participation in psychotherapy sessions was recommended. The injured worker was noted to have a score of 2.9 on the Wahler Physical Symptom Inventory, a 56 on the Personal Assessment Inventory (Depression Scale), and a 41 on the Self-Analysis Form (Anxiety Scale). However, the documentation failed to provide evidence of failure to progress in physical medicine alone. Additionally, the request as submitted exceeds the ODG's recommendations of 3 to 4 visits as an initial trial as well as the recommended total number of sessions. Therefore, the request is not medically necessary and appropriate.

MEDICATION MANAGEMENT; TWELVE 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits

Decision rationale: The Official Disability Guidelines state evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of a patient, and they should be encouraged. The need for a clinical office visit with a healthcare 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 Final Determination Letter for IMR Case Number [REDACTED] 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 clinical notes submitted dated 09/23/2013 indicated the injured worker had complaints of anxiety, depression, diminished energy, sleep disturbance, social withdrawal, impaired concentration, impaired memory, irritability, low self esteem, suicidal ideation, and nightmares. The injured worker's medication regimen included Zoloft, Prozac, Remeron, and lorazepam. However, the documentation failed to provide a rationale for the request of medication management for 12 sessions. It was unclear

when the patient was last seen. The need for 12 medication management visits cannot be established, as the need for each visit is established partially based on the outcome of the prior visit. Given the above, the request is not medically necessary and appropriate.

SLEEP STUDY: 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), Pain Chapter, Polysomnography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Pain, Polysomnography

Decision rationale: According to the Official Disability Guidelines, polysomnography is recommended after at least 6 months of an insomnia complaint (at least 4 nights a week). A sleep study for the sole complaint of snoring, without any complaints of excessive daytime somnolence, muscular weakness brought on by excitement or emotion, morning headaches, intellectual deterioration, personality change, sleep related breathing disorders, or unresponsive to behavior intervention and sedative/sleep promoting medications is not recommended. The documentation submitted indicated the injured worker had complaints of sleep disturbance, and the injured worker was also noted to be taking lorazepam. However, the documentation submitted does not provide evidence of the injured worker being unresponsive to the current medications. Additionally, the documentation failed to provide evidence of excessive daytime somnolence, muscular weakness brought on by excitement or emotion, or sleep related breathing disorders. Given the above, the request for sleep study is is not medically necessary and appropriate.