

Case Number:	CM13-0067948		
Date Assigned:	01/03/2014	Date of Injury:	01/14/2008
Decision Date:	06/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/18/2013

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:

The patient is 42 year old female with date of injury 1/14/2008. The date of UR decision was 11/25/2013. The mechanism of injury was while pushing a patient in a wheelchair that resulted in lumbar spine strain with radiculitis. Per PR from 8/15/2013, subjective complaints listed are "crying episodes, occasional thoughts of death, afraid to do anything, pain levels are elevated". The psychotropic medications being prescribed are zoloft, lorazepam prn, melatonin. IW has BDI score of 39 and BAI score of 17. IW has been diagnosed with Major Depressive Disorder, single episode, unspecified; Pain ds associated with psychological factors and general medical condition; Insomnia due to depressive disorder. The PR from 9/17/2013 lists subjective complaints as anxiety, low self esteem. She was found to be moderately dysphoric on examination, BDI score 41 and BAI score 15. The report from 9/28/2013 suggests IW is having depressive symptoms, difficulty concentrating.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY 1X 24 WEEKS: 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 Chronic Pain Medical Treatment Guidelines, Psychological treatment Page(s): 23, 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 recommends 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. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) the MTUS suggests an initial trial of 3-4 psychotherapy sessions and total of 6-10 visits over 5-6 weeks with evidence of objective functional improvement to the initial trial. The request for 24 sessions of CBT are excessive and medical necessity cannot be affirmed at this time.

MEDICATION MANAGEMENT 1 X 8 WEEKS: 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, Office visits Stress related conditions

Decision rationale: The 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. " The IW has been receiving psychotropic medication management. She has been prescribed zoloft, melatonin and ativan prn. There is no information suggesting why the IW needs once a week medication management for 8 weeks. The request seems excessive, esp since the IW is not any medications through psychiatrist like opiates, certain antibiotics which would require close monitoring. The medical necessity of the request cannot be affirmed at this time.