

Case Number:	CM13-0072458		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2010
Decision Date:	03/24/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/31/2013

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:

According to the records made available for review, this is a 60-year-old female with a 8/16/10 date of injury. At the time of request for authorization for 12 cognitive behavioral psychotherapy visits and psych med consult and three med follow ups, there is documentation of subjective (chronic neck, low back and wrist pain, depression, and anxiety) and objective (severe depressive symptoms and severe symptoms of anxiety) findings, current diagnoses (lumbar pain with radiculopathy, cervical pain with radiculopathy, bilateral wrist and hand tendinosis, and depression and anxiety), and treatment to date (psychotherapy and cognitive behavioral therapy in 2012 (unknown amount), cervical spine decompression on 7/18/13, and medications). The 9/1/13 medical report plan indicates additional 13 psychotherapy visits over the next 3 months on an as-needed basis and psychotropic medication evaluation and management. The 4/5/13 medical report indicates the patient receives Ambien, Cymbalta, Norco and Xanax from [REDACTED] (psychiatry). Regarding the requested 12 cognitive behavioral psychotherapy visits, there is no documentation of the number of previous CBT visits to determine if CBT guidelines have already been exceeded or will be exceeded with the additional request. Regarding the requested psych med consult and three med follow ups, there is no documentation of a rationale indicating the medical necessity for the requested three med follow ups in addition to the requested psych med consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Cognitive Behavioral Psychotherapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that behavioral interventions are recommended. The MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of lumbar pain with radiculopathy, cervical pain with radiculopathy, bilateral wrist and hand tendinosis, and depression and anxiety. In addition, there is documentation of previous psychotherapy with significant improvement and a plan indicating additional 13 psychotherapy visits over the next 3 months on an as-needed basis. However, there is no documentation of the number of previous CBT visits to determine if CBT guidelines have already been exceeded or will be exceeded with the additional request. Therefore, based on guidelines and a review of the evidence, the request for 12 cognitive behavioral psychotherapy visits is not medically necessary.

Psych Med consult and three Med follow ups: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

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 & Stress Chapter, Office Visits

Decision rationale: The MTUS reference to ACOEM identifies documentation of severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work as criteria necessary to support the medical necessity of follow-up visits. The ODG identifies that 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 that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, there is documentation of diagnoses of lumbar pain with radiculopathy, cervical pain with radiculopathy, bilateral wrist and hand tendinosis, and depression and anxiety; and a request for psych med consult and three med follow ups (for a total of 4 visits). In addition, there is documentation that the employee is under the care of a psychiatrist and is receiving psychotropic medication, and has a clinical condition necessitating an office visit in order to monitor the employee's progress and make any necessary modifications to the treatment plan. However, despite documentation of a plan indicating psychotropic medication evaluation and management, there is

no (clear) documentation of a rationale indicating the medical necessity for the requested three med follow ups in addition to the requested psych med consult. Therefore, based on guidelines and a review of the evidence, the request for psych med consult and three med follow ups is not medically necessary.