

Case Number:	CM14-0000192		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2013
Decision Date:	04/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This patient is a 28 year-old male with a date of injury of 02/28/2013. The listed diagnoses per [REDACTED] are post concussion syndrome, cervical neck sprain/strain, headaches, and left lateral elbow epicondylitis. According to report dated 12/17/2013 by [REDACTED], the patient presents for an initial evaluation. The patient does not remember what medication he has been prescribed. The patient complains of recurrent episodes of depression lasting nearly every day for at least two weeks since the industrial injury. He acknowledged he has thought about suicide but has no plans to act upon it. Patient's FABQ score is 87, FABQPS score is 27 and FABQW score is 60. The patient has severe depressive and anxiety symptoms. He is diagnosed with adjustment disorder with mixed anxiety and depressed mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT TREATMENT: 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) - Treatment in Worker's Compensation (TWC) guidelines, section Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: This employee presents with severe depressive and anxiety symptoms. The treating physician is requesting 6 sessions of psychotherapy. The MTUS guidelines support psychological treatments for chronic pain. For cognitive behavioral therapy, MTUS guidelines recommend initial trial of 3-4 psychotherapy visits over 2 weeks and additional visits for total of 6-10 visits with functional improvement. The current request is for 6 sessions, which exceeds what is allowed according to MTUS guidelines for initial trial of 3-4 visits. Recommendation is for denial.

FOLLOW-UP PSYCH TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Compensation (TWC) guidelines, section Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: This employee presents with severe depressive and anxiety symptoms. The treating physician is requesting follow-up psych treatment. Utilization review dated 12/23/2013 denied the request stating the results of the initial psych visit has not been presented. ACOEM, Chapter 12, Pg 303 has the following regarding Follow-up Visits: "Patients with potentially work-related low back complaints should have follow up every three to five days by a midlevel practitioner or physical therapist who can counsel the patient about avoiding static positions, medication use, activity modification, and other concerns." ACOEM guidelines further indicate, "physician follow-up might be expected every four to seven days if the patient is off work and seven to fourteen days if the patient is working." In this case, ACOEM allows for follow-up visits and psych follow-up is reasonable given the employee's issues. Recommendation is for approval.