MAXIMUS Federal Services

Case Number:	CM14-0002603		
Date Assigned:	02/12/2014	Date of Injury:	12/09/2004
Decision Date:	07/07/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/07/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for anxiety depression and chronic pain syndrome reportedly associated with an industrial injury of December 9, 2004. The applicant has been treated with the following: Analgesic medications; psychotropic medications; anxiolytic medications; and unspecified amounts of time off of work. In a Utilization Review Report dated December 6, 2013, the claims administrator denied a request for unknown sessions of a pain management program once a week for some portions of time and then biweekly/two times a month for several additional months.The applicant's treating provider appealed on December 12, 2013. The attending provider stated that his psychiatric treatment sessions were multifaceted. The attending provider stated that he intended to get cognitive behavioral therapy, supportive psychotherapy, visualization, hypnotherapy, and stress reduction protocols into his medical and psychiatric treatment sessions. The attending provider stated that he was prescribing Percocet, Effexor, and Klonopin. It was acknowledged that the applicant was not gainfully employed. A December 17, 2013 handwritten progress note was notable for comments that the applicant had unstable mental health issues, including agitation, dysphoria, crying spells, isolation, anhedonia, and low self esteem. The applicant was given prescriptions for Percocet, Effexor, and Klonopin and placed off of work, on total temporary disability. The aforementioned mental health issues were sought. On November 11, 2013, the applicant's treating provider again complained that the claims administrator was rejecting his bills.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN SESSIONS OF PAIN MANAGEMENT PROGRAM 1 TIMES PER WEEK UNTIL 11/1/2013 AND THEN BI-WEEKLY 2 TIMES PER MONTH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-401,Chronic Pain Treatment Guidelines Page(s): 32.

Decision rationale: While page 32 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does outline criteria for pursuit of chronic pain program/functional restoration programs, in this case, however, the attending provider has not made any kind of case for pain management program or functional restoration program. Rather, in a letter dated December 12, 2013, the attending provider stated that the claims administrator had misinterpreted his request. The attending provider stated that he was seeking authorization for continued psychiatric and psychological treatment sessions, including various modalities such as psychotherapy, cognitive behavioral therapy, hypnotherapy, and stress reduction protocols, including meditation. Therefore, the request is not medically necessary owing to the imprecise nature of the request, the fact that the attending provider is not seemingly seeking the services in question, and owing to the fact that the applicant appears to have had a variety of mental health treatments over the life of the claim, including cognitive behavioral therapy, psychotherapy, etc. and has failed to effect any lasting benefit or functional improvement through the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various psychotropic and analgesic medications. All of the above, taken together, imply that the previous mental health treatments to date have been unsuccessful. Therefore, the request for additional treatment/unknown sessions of pain management program is not medically necessary.