

Case Number:	CM14-0008201		
Date Assigned:	01/29/2014	Date of Injury:	04/02/2008
Decision Date:	08/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/26/2013

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:

This 60 year old patient had a date of injury on 4/2/2008. The mechanism of injury was lifting detergent and suffering a shoulder injury with ongoing pain and required multiple surgeries and pain management. On in physical exam dated 11/19/2013, the patient complains of continued shoulder, neck, back pain, and also anxiety and depression. Objective findings include shoulder range of motion decreased by 50%, spasm, including neck, traps, pectoralis. Diagnostic impression: chronic pain state, depression with anxiety, constipation, probably medication and stress related. Treatment to date: medication management, behavioral modificationA UR decision on 12/3/2013 denied the request for pharmacologic management, including prescription and review of medication, when performed with psychotherapy services(list separately in addition to the code for primary procedure). The request for additional 12 additional medication management sessions and individual psychotherapy sessions is not medically necessary when there is no specific evidence of objective functional improvement and future goals are not documented. MTUS guidelines do not fully address this case as the guidelines do not address the use of psychotherapy for depression, which exists in this case. ODG guidelines under the sections Treatment/Integrated Treatment/Disability Duration Guidelines/Mental Illness& Stress in regards to Cognitive therapy for depression reports that cognitive behavior therapy for depression is recommended; ODG psychotherapy guidelines are for an initial trials of 6 visits over 6 weeks and with evidence of objective functional improvement, for a total of up to 13-20 visits over 13-20 weeks(individual sessions) is appropriate. In this case, there is not sufficient evidence of objective functional improvement to support the medical necessity for 12 additional medication management and 12 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION AND REVIEW OF MEDICATION, WHEN PREFORMED WITH PSYCHOTHERAPY SERVICES (LIST SEPARATELY IN ADDITION TO THE CODE FOR PRIMARY PROCEDURE):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Other Clinical Protocol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm>.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Guidelines support an initial trial of 4 psychotherapy visits. Behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, California MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits is recommended. This particular request is for 12 additional medication management and 12 individual psychotherapy sessions, which exceeds the recommended number of visits. Furthermore, in the reports reviewed, there is no sufficient evidence of objective functional improvement from previous sessions to support the medical necessity of additional sessions. Therefore, the request for 12 additional medication management and 12 individual psychotherapy sessions is not medically necessary.