

Case Number:	CM14-0101166		
Date Assigned:	07/30/2014	Date of Injury:	06/26/2013
Decision Date:	09/03/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 injured worker is a 44 year old female who was injured at work on June 26, 2013. The mechanism of injury is described as hurting the left hand by having to perform lots of hand movements inside a tight glove while performing customary duties as a packer. The injured worker experienced chronic pain in her hand with radiation up to her neck. Subsequently, symptoms of depressed mood, insomnia, low energy, low libido, anhedonia, decreased appetite, and neglecting personal hygiene developed. A diagnosis of Depressive Disorder Not Otherwise Specified secondary to chronic pain is noted. The injured worker is under the care of a Pain Management specialist. A request was made for a psychiatric evaluation for psychotropic medication, and for follow-up visits to ensure active participation in a comprehensive pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (Cognitive Behavioral Therapy) x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain Official Disability Guidelines: Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive behavioral therapy for chronic pain.

Decision rationale: MTUS Guidelines indicate that psychological treatment can be beneficial in the treatment of individuals suffering depression associated with chronic pain. Studies have shown that cognitive behavioral therapy (CBT) and self-regulatory treatments are especially helpful. The treatment can help pain sufferers adjust to the pain and improve their coping skills, as well as manage comorbid depression and anxiety. The ODG recommends that an initial trial of 3 - 4 sessions over 2 weeks can be followed by up to 10 sessions if there has been objective functional improvement. The injured worker is diagnosed with Major Depression, Moderate severity. The initial trial of therapy for 3 - 4 sessions of CBT would be appropriate, so that the requested 6 sessions would be premature at this stage in treatment, and not medically necessary on that basis.

Referral for Psychopharmacological Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychological Treatment.

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 and Stress, Office Visits.

Decision rationale: MTUS is not applicable. The ODG indicates that the provision of psychiatric medication management is an important component of an overall treatment plan for individuals suffering from mental health symptoms secondary to chronic pain. The frequency and duration of office visits is determined by the severity of symptoms, the need for medication adjustments, if a referral for testing is made, if there are missed days from work, and to monitor medication side effects. The injured worker is diagnosed with a depression disorder. She is not currently prescribed psychotropic medication. The UR denial was based on the rationale that initiation of psychotropic medication for pain-related mood symptoms could be safely and appropriately undertaken by the injured worker's current treating physician, who is a specialist in pain management, so that a referral to a psychiatrist is not medically necessary on that basis. This rationale is sound, and an appropriate treatment approach for the injured worker, based on the clinical information provided, so that the request is not medically necessary.

Follow-up Office Visits x 4 After the Completion of Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychological Treatment.

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 and Stress, Office visits.

Decision rationale: MTUS is not applicable. The ODG indicates that office visits for psychiatric medication management are appropriate as part of the overall treatment plan for individuals suffering from mental health symptoms secondary to chronic pain. The frequency and duration of visits is determined by the specific clinical details of the severity of symptoms, and response to medications. The injured worker is diagnosed with a depressive disorder, and a recommendation for medication treatment has been made. However, the request appears to be intended to ensure that the injured worker is actively participating in a comprehensive pain management program, and not specifically for medication management follow-up. The vague nature of the request, and the absence of clinical corroboration that the injured worker is actually enrolled in a comprehensive pain management program, mean that without additional clarification, the request is not medically necessary.