

Case Number:	CM14-0102386		
Date Assigned:	09/16/2014	Date of Injury:	08/06/2010
Decision Date:	10/30/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 licensed in Psychiatry and is licensed to practice in Texas. 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 52 year old male with a date of injury on 8/6/2010. He has been treated for neck pain and arm pain. In April 2014 a psychological assessment was made at which time it was noted that this man's complex psychosocial history includes multiple fights and legal altercations as an adolescent and young adult, including drug abuse and incarcerations. He had a motor vehicle crash in April 2014 tied apparently to prescription drug abuse. He last worked in August 2010. He has had multiple injuries on jobs. He has not had prior psychiatric treatment, although he considers himself in need of same. The psychological tests indicated symptoms of depression and anxiety with evidence of dissimulation or 'cry for help'. The diagnostic possibilities include mood disorder, somatization disorder, substance abuse and anxiety disorder. From the testing it was felt the worker was in need of psychiatric treatment. In June 2014, a request for 15 cognitive behavior therapy sessions was modified to 4 sessions to occur between mid-June and mid-September 2014. There was also a prospective request for every other week psychiatric re-evaluations for the same timeframe. On July 29, 2014, he underwent a psychiatric exam and testing. The conclusions included major depression and a possible personality disorder as well as his pain syndrome. All was concluded to be work-related. With persistent symptoms a request for 15 sessions of cognitive behavior therapy was made as well as every other week psychiatric assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: With no prior treatment, the request for 15 sessions of cognitive behavior therapy is excessive for this worker and should be modified to number in keeping with guidelines for initiation of such therapy. Per Chronic Pain Medical Treatment Guidelines, the Official Disability Guidelines recommends an initial trial of 3-4 sessions over two weeks to assess and if there is evidence of functional improvement to continue up to 6- 10 visits. As the amount requested exceeds the recommended amount of visits based upon these guidelines, 15 cognitive behavioral therapy sessions are not medically necessary.

Unknown additional psychiatric treatment every other week with psychiatric re-evaluation in late 2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 387-388, 391, 398, 402, 405, 87, Chronic Pain Treatment Guidelines CRPS, treatment Page(s): 40-41. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: Although the recommendation for psychiatric assessments is appropriate based on American College of Occupational and Environmental Medicine guidelines, management of pharmacotherapy does not typically require the frequency requested unless there are other comorbid issues or the psychiatric disability is beyond usual management parameters. As this is not the situation in this worker's case, the request for additional psychiatric treatment every other week with psychiatric re-evaluation in late 2014 is not medically necessary.