

Case Number:	CM14-0106991		
Date Assigned:	08/01/2014	Date of Injury:	05/05/2011
Decision Date:	10/08/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/10/2014

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 chronic knee pain, chronic low back pain, depression, anxiety, and insomnia reportedly associated with an industrial injury of May 5, 2011. Thus far, the applicant has been treated with the following: Psychotropic medications; analgesic medications; sleep aids; transfer of care to and from various providers in various specialties; and total knee arthroplasty surgery. In a Utilization Review Report dated June 19, 2014, the claims administrator apparently partially approved one of six monthly medication management visits and denied a request for six sessions of group cognitive behavioral therapy on the grounds that the attending provider failed to furnish a detailed treatment history and/or documentation of functional deterioration. A sleep study was endorsed. Lunesta, Desyrel, Remeron, Seroquel, and Wellbutrin were all approved. Non-MTUS Guidelines were apparently endorsed in favor of MTUS Guidelines in almost every circumstance. The claims administrator stated that its decision was based, in a large part, on a request for authorization form from the applicant's psychiatrist dated June 5, 2014. The applicant's attorney subsequently appealed. On July 2, 2014, the applicant reported persistent complaints of neck and shoulder pain, collectively rated as 6-7/10 pain. The applicant did state that his pain was exacerbated by a variety of activities including sitting, sneezing, walking, and lying down. The applicant stated that he was still having issues with stomach upset associated with Naprosyn. A cervical traction unit had apparently been ordered. The applicant was on Norco, Ultram, Neurontin, and Norflex. The applicant's work status was not stated. In a June 26, 2014 medical-legal evaluation, it was acknowledged that the applicant barely left the house and did not socialize with friends any longer. The applicant could not tolerate long drives. The applicant was apparently not working. The medical-legal evaluator did conduct a comprehensive review of records. It did appear that the applicant had had extensive physical therapy over the

life of the claim and had used a variety of opioid and non-opioid agents. It was suggested that the applicant was off of work. It did not appear that the applicant had much in the way of psychiatric treatment, at least based on the claims administrator's survey of records; although it did appear that the applicant was seen by a psychiatrist on June 11, 2013. The applicant was described as obese, with a BMI of 30. The applicant was given a 7% whole person impairment rating associated with gastroesophageal reflux disease. In a medical-legal evaluation dated February 26, 2014, it was again stated that the applicant had a lengthy history of physical therapy treatment over the course of the claim. There was little or no mention of previous mental health treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management x5 out of 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms and an applicant's work status. In this case, the severity of the applicant's mental health issues which would support the need for monthly medication management office visits have not been clearly established or outlined. It is further noted the attending provider has not factored in the possibility that the applicant might improve, resulting in less frequent office visits and/or that the applicant might deteriorate, resulting in more frequent office visits than the monthly frequency proposed. The request cannot be approved as written, as it does not factor into account the specifics of the applicant's case. Accordingly, the request is not medically necessary.

Group CBT (Cognitive Behavior Therapy) x6: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Mental Illness and Stress Chapter; Cognitive Behavior Therapy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, cognitive therapy can be problem-focused, a strategy intended to help alter an applicant's perception of stress or emotion-focused, a strategy intended to alter an applicant's response to stress. In this case, the information on file does not establish a clear history or pattern of

treatment associated with the mental health complaints. Several medical- legal evaluators have failed to recount any specific history of the applicant's has had any mental health treatment over the course of the claim. The group cognitive behavioral therapy may help to ameliorate some of the applicant's ongoing mental health issues. Accordingly, the request is medically necessary.