MAXIMUS Federal Services

Case Number:	CM14-0107212		
Date Assigned:	08/01/2014	Date of Injury:	03/02/2005
Decision Date:	09/30/2014	UR Denial Date:	07/10/2014
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 Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 288 pages of medical and administrative records. The injured worker is a 45 year old female whose date of injury is 03/02/2005 which occurred while assisting coworkers unload heavy boxes and materials from a truck. Her primary diagnosis listed on the request for authorization is nonspecific abnormal electrocardiogram and the request is for continuing psych sessions with [redacted]. She had multiple back surgeries and subsequent spinal cord stimulator implant which provides good coverage of the lower back, right groin, and left lower extremity pain. She continues to take medications for residual pain which allows her to remain functional in ADL's. A cardiac ECHO was normal. Medically the patient has hypertension and diabetes mellitus. The patient had a psychiatric QME on 10/18/10. The patient felt depressed and hopeless with suicidal ideation and anxiety. She had sleep disruption due to pain and worry, was easily angered, irritable, socially withdrawn, and had difficulty motivating herself due to pain. She had gained 40 lbs since her injury. Her self-esteem and confidence were low. She was diagnosed with major depressive disorder single episode severe and weekly psychotherapy with monthly psychiatry visits were recommended. Through 2011 her symptoms remained essentially unchanged and psychological treatment was relaxation techniques (e.g. guided imagery). On 03/09/12 there is a QME by [redacted] in which she reported a voice urging her to harm herself. Other symptoms continued as noted. A brief course of supportive psychotherapy was recommended. Monthly progress notes from [redacted] through March 2014 mention that the patient continued to see [redacted] for her overall depression, which she found beneficial, then it appears that these sessions were discontinued. Medications include Senokot, Miralax, pantoprazole, Percocet one 5 times per day as needed,

Cymbalta 60mg per day, Wellbutrin SR 100mg once per day, Topamax 25mg two every evening, and Ativan 0.5mg once per day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue psych sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102 of 127.

Decision rationale: The patient was being treated in psychotherapy with [redacted] for major depressive disorder. Her depressive symptoms were not described in any detail since 2012. There were no goals set or any mention of coping mechanisms for dealing with the patient's situation in the recommended psychotherapy. No objective functional improvement, or even any reported status at all, was provided by [redacted] since her QME of 03/09/12. Other than brief mention consisting of one line in monthly pain management progress notes to the effect that the patient found therapy beneficial, there is no way to detrmine what benefit if any she derived. As such, this request is noncertified.Per CA-MTUS psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs.