

Case Number:	CM14-0108856		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2011
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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, and 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 83 pages of medical and administrative records. The injured worker is a 50 year old male whose date of injury is 08/17/2011, when he was struck on the head by a brass fitting on the end of a hose. He presented to the emergency room and was diagnosed with post concussive syndrome. His primary diagnosis is cervicgia. He was seen in the emergency department on 03/07/14 for complaints of headache with pain rating 10/10. No blurred vision, photophobia, numbness, weakness, or vomiting. He received intramuscular Toradol. A neurosurgical consultation was done on 04/23/14 for complaints of headaches, which were treated unsuccessfully with Imitrex. He had minor neck pain and related that he had undergone anterior interbody fusion in 2012. Referral to a neurologist was recommended for headache management. He is under the care of [REDACTED] (psychiatrist), who is treating him for major depressive disorder, recurrent. The patient saw [REDACTED] in the office on 03/05/14 and related that he was overall better on Nuedexta, he was no longer explosive and was able to control his actions. He did not exercise, he felt sorry for himself, argued with his wife, and complained of more neck pain. Mood was euthymic, affect was appropriate. [REDACTED] followed up with the patient via phone on 06/04/14. The patient attested to increased anxiety and irritability. Mood was depressed and withdrawn, affect labile. Medications included Cymbalta 60mg, Intermezzo 3.5mg at bedtime for insomnia, and Klonopin 0.5mg twice per day prn anxiety and panic attacks. Viibryd was discontinued, Nuedexta was not reported on at that time. The patient was also seeing a therapist, [REDACTED]. I reviewed progress reports from around 05/13-06/12/14 of the patient's sessions with [REDACTED]. They essentially consist of allowing the patient to ventilate his emotions and frustrations, providing support and validation, and reinforcing mindfulness techniques in anger and stress management. He was apparently

having difficulty with mood regulation. A note of 01/15/14 indicated that the patient made positive strides, but nothing further was reported. Affect ranged from constrained to full range. No mention was made as to the effect of the therapy on his neck and left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional sessions of cognitive behavioral therapy for depression related to chronic pain in the left upper extremity and neck, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation BMJ PUBLISHING GROUP, CLINICAL EVIDENCE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23 of 127.

Decision rationale: The patient has been in psychotherapy with [REDACTED] since at least May 2013. [REDACTED] (psychiatrist) is managing his medications. His diagnosis is major depressive disorder recurrent. His symptoms are not described at any length in records provided for review, nor are they correlated with his neck or extremity pain. There is no identification and reinforcement in any of the psychotherapy sessions with [REDACTED], or in any of the office/phone visits with [REDACTED], of coping skills that may have been useful for this patient's pain. Regarding the psychotherapy with [REDACTED], there are no formal assessments to track the patient's progress (e.g. Beck Depression Inventory, Hamilton Depression, etc), nor does there appear to be any objective functional improvement either on the patient's mood/mood regulation, or on his neck/upper extremity pain. He has clearly exceeded the MTUS recommended 6-10 visits over 5-6 weeks with evidence of functional improvement (of which there is none evident). As such, this request is not medically necessary.