

<b>Case Number:</b>	CM14-0016902		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/16/2003
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Family Practice and is licensed to practice in Texas and Mississippi. 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 39-year-old male who reported an injury on 05/16/2003. The mechanism of injury involved a fall. Current diagnoses include history of traumatic fall with development of first, second, and third degree burns; traumatic fracture of the left hip; history of impalement-type injury from a fall with a foreign object; and history of post-traumatic stress disorder, anxiety, depression, panic episodes, chronic insomnia, and headaches. The most recent physician progress report submitted for review is documented on 10/29/2013. The injured worker reported constant neck pain with muscle spasm, and radiation to bilateral shoulders. The injured worker also reported increasing panic episodes. Physical examination revealed limited lumbar range of motion, positive straight leg raising, atrophy involving the left thigh and calf, tenderness over the greater trochanter on the left, tenderness over the subacromial bilaterally, and a mildly positive impingement sign on the left. Treatment recommendations at that time included continuation of current medication and a psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 MEDICATION MANAGEMENT SESSIONS (1 SESSION PER MONTH FOR 12 MONTHS):** Upheld

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

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. According to the documentation submitted, the patient does report constant pain with increasing anxiety and panic episodes. The patient currently utilizes multiple psychotropic medications. While the patient may meet criteria for a medication management follow-up session, the current request for 12 sessions is excessive cannot be supported. The request for 12 medication management sessions, 1 session per month for 12 months is not medically necessary and appropriate.

**12 COGNITIVE BEHAVIOR THERAPY SESSIONS (1) SESSION PER WEEK FOR (12) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness And Stress.

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

**Decision rationale:** California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize the Official Disability Guidelines (ODG) cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. Therefore, the current request for 12 sessions of cognitive behavioral therapy exceeds guideline recommendations. The request for 12 cognitive behavior therapy sessions, once per week for twelve weeks is not medically necessary and appropriate.