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| Case Number: | CM14-0111564 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 08/03/2005 |
| Decision Date: | 12/31/2014 | UR Denial Date: | 06/20/2014 |
| Priority: | Standard | Application Received: | 07/17/2014 |

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 injured worker is a represented employee who has filed a claim for chronic pain syndrome and major depressive disorder (MDD) reportedly associated with an industrial injury of August 3, 2005. Thus far, the injured worker has been treated with the following: Analgesic medications; unspecified amounts of psychotherapy; psychotropic medications; and opioid therapy. In a Utilization Review Report dated June 20 2014, the claims administrator partially approved a request for 12 additional sessions of psychotherapy as two (2) sessions of the same. The claims administrator stated that the injured worker had had at least seven sessions of psychotherapy over the preceding 12 months. The injured worker's work status was not furnished. Non-MTUS Official Disability Guidelines (ODG) was employed in the partial approval. The injured worker's attorney subsequently appealed. In an October 9, 2014 progress note, the injured worker reported ongoing complaints of knee pain. The injured worker was 27 weeks status post a knee surgery on September 9, 2014. The injured worker's past medical history was notable for dyslipidemia and hypertension. The injured worker was reportedly retired. The injured worker was using a cane to move about. The injured worker was a nonsmoker, it was stated. The injured worker was on Norco, AndroGel, Desyrel, Colace, Lidoderm, Flexeril, Percocet, Neurontin, Cymbalta, Lipitor, Felodipine, and Inderal, it was stated. The injured worker was asked to continue physical therapy. In an October 14, 2014 progress note, the injured worker was given refills of Percocet, Neurontin, Celebrex, Cymbalta, Lidoderm, and Colace. The injured worker was already permanent and stationary, it was acknowledged. There was no mention made of the injured worker's depressive symptoms on this occasion. In an operative report of September 9, 2014, the injured worker underwent a left knee removal of deep implant and medial unit compartmental MAKOplasty to ameliorate a preop diagnosis of left knee retained deep implant and medial compartment osteoarthritis. In a psychological counseling note dated September 4, 2014, the

injured worker's psychologist sought authorization for 12 sessions of individual psychotherapy. It was stated that the injured worker had benefited from psychotherapy. The attending provider did not elaborate on this statement other than to point out that the injured worker denied any active suicidal ideation. On August 19, 2014, the injured worker presented reporting 8/10 knee, shoulder, and neck pain. The injured worker's knee replacement surgery was pending, it was stated. The injured worker was using Percocet, Celebrex, Cymbalta, Neurontin, Lidoderm, Colace, and Ambien; it was stated as of this point in time. The injured worker did not appear to be working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional psychotherapy treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405; 398-401.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, pages 398 through 400 notes that a variety of psychotherapy modalities/psychological modalities are recommended, including patient education, referral, stress management techniques, relaxation techniques, behavioral techniques, cognitive techniques, cognitive therapy, stress and occupation therapy, etc., ACOEM qualifies its recommendation by noting in Chapter 15, page 405 that an injured worker's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, the injured worker's response to earlier psychotherapy has not been clearly outlined. The requesting provider wrote on a September 4, 2014 progress note that the injured worker had benefitted from psychotherapy but did not elaborate or expound upon the same, stating only that the injured worker denied suicidal ideation or suicidal intent. This would not constitute evidence of substantive improvements in mood and/or function achieved as a result of previous psychotherapy. The injured worker's work status did not improve from visit to visit. The injured worker is still permanent and stationary and is not working. The injured worker remains dependent on various psychotropic and sedative medications, including Desyrel, Cymbalta, and Ambien. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier psychotherapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.