

Case Number:	CM14-0116721		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2012
Decision Date:	09/10/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/25/2014

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 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 43 year old male with date of injury 2/22/2012. The date of the UR decision was 7/23/2014. The injury occurred while he was digging a ditch and strained his lower back. Progress Report dated 6/26/2014 suggested that injured worker complained of anxiety, depression, sleep, social withdrawal, low self-esteem, decreased libido, poor concentration and forgetfulness. He was diagnosed with unspecified depressive disorder, Somatic symptom disorder with predominant pain type; moderate and male hypoactive sexual desire disorder. The Psychologist who performed Psychiatric evaluation on 6/26/2014 recommended for the injured worker to see a therapist for weekly psychotherapy and for medication management on monthly basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy management x 20 sessions weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Behavioral Interventions Page(s): 1, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23,100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guideline for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)The injured worker suffers from chronic back pain secondary to industrial injury. He is a good candidate for behavioral interventions for chronic pain; however the request for Psychotherapy management x 20 sessions weekly exceeds the number of visits recommended per the initial trial. Thus the request is not medically necessary at this time.

Psychotropic medications management x 6 sessions monthly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Behavioral Interventions Page(s): 1, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & Stress, Office visits.

Decision rationale: A Progress Report dated 6/26/2014 suggested that injured worker complained of anxiety, depression, sleep, social withdrawal, low self-esteem, decreased libido, poor concentration and forgetfulness. He was diagnosed with Unspecified depressive disorder, Somatic symptom disorder with predominant pain type; moderate and male hypoactive sexual desire disorder. The injured worker has not been prescribed any psychotropic medications at this time. The physician performing the Utilization Review authorized one sessions of the psychotropic management session. The request for Psychotropic medications management x 6 sessions monthly is excessive and not medically necessary.