

Case Number:	CM14-0117109		
Date Assigned:	08/06/2014	Date of Injury:	05/24/2012
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
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:

This is a 43 year old male injured worker with date of injury 5/24/12 with related anxiety and depression secondary to chronic pain. Per progress report dated 5/21/14, it was noted that the injured worker did not have hallucinations, delusions, or suicidal ideation. Psychiatric medications were not being utilized. Examination revealed no evidence of a thought disorder, moderate depression right below the level of clinical significance as per the Beck Depression inventory, a clinically significant range of anxiety based on the Beck Anxiety inventory, normal Cognistat findings, a clinically significant range of depression upon Milton Clinical Multiaxial Inventory and Minnesota Multiphasic Personality inventory testing, a normal Dysthymia Disorder Scale, and an Anxiety Disorder Scale in the clinically significant range. Axis I diagnoses were limited to depressive disorder not otherwise specified and anxiety disorder not otherwise specified, and there was no psychological condition or disorder regarding Axis II. The patient had not received any psychological treatment but had been using Zoloft which was prescribed by a psychiatrist from July 2012 through April 2014. Zoloft was discontinued as it did not appear to be working and symptoms did not worsen subsequent to discontinuation of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 Psychotherapy Sessions (1 per week): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1. Decision based on Non-MTUS Citation Official Disability Guidelines Psychotherapy Guidelines.

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." ODG Cognitive Behavioral Therapy (CBT) 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." Upon review of the submitted documentation, a trial of psychotherapy is clinically warranted for the injured worker's depression and anxiety. The records indicate that psychotherapy has not yet been attempted. However, as the request is for 20 sessions, it is in excess of the guidelines recommendation. The request is not medically necessary.

1 Consultation for Psychiatric Medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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: Per ODG, "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self-care as soon as clinically feasible."The documentation submitted for review indicates that the injured worker had been using Zoloft from 7/2012 to 4/2014. He discontinued using it because he felt he did not really get better, and he noted that he did not do worse since discontinuing it. The injured worker received

consultation with a psychologist in 5/2014, and per his findings above, and aforementioned lack of benefit from previous psychiatric medication management, the request for psychiatric medication consult is not medically necessary.