

Case Number:	CM14-0128431		
Date Assigned:	08/15/2014	Date of Injury:	11/05/1991
Decision Date:	09/25/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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:

Injured worker is a 65 year old male with date of injury 11/5/1991. Date of the UR decision was 7/16/2014. Report dated 03/17/14 listed the diagnosis as Pain Disorder Associated with Psychological Factors and a General Medical Condition; Major Depression, Severe and Panic Attacks without Agoraphobia. Psychotropic medications being prescribed for him per that report were Lorazepam 2 mg four times daily, Bupropion- SR 150 mg xl, Seroquel 300 mg XR, Cymbalta 20mg, Quetiapine 200 mg, x 4 daily, and Duloxetine DR 60 mg. Report dated 4/29/2014 indicated that he was getting dental work done. Report dated 5/1/2014 suggested that the injured worker presented with reduced anxiety, tension, irritability and depression with occasional crying episodes. He was diagnosed with Depressive Disorder Not Otherwise Specified and was prescribed with Seroquel 800 mg nightly, Restoril 60 mg nightly as needed, Ativan 2 mg four times daily as needed for anxiety, Cymbalta 60 mg tablet every morning. Report dated 6/19/2014 stated that he was better mentally, underwent dental extraction on the day of this evaluation and that he had a good response to treatment with no new symptoms or side effects. Same psychotropic medications as previous visit were continued. Documentation suggests that the injured worker has been undergoing psychotherapy treatment since 2013 with a Psychologist; however it has not been clearly indicated as to how many sessions have been completed so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Increase Psychological Appointment to 2x Monthly Until all Dental Work Completed:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

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) guidelines for chronic pain recommend 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) Upon review of the submitted documentation, it has been suggested that the injured worker has been undergoing psychotherapy treatment since at least mid of year 2013. It appears that he has already exceeded the guideline recommendations based on the length of time he has been receiving treatment for, however it has not been clearly indicated as to how many sessions have been completed so far. The request for Increase in Psychological Appointment to twice monthly until all Dental Work Completed is excessive and thus is not medically necessary.