

Case Number:	CM14-0130089		
Date Assigned:	08/18/2014	Date of Injury:	11/13/2009
Decision Date:	10/08/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/13/2014

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 Child & Adolescent 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 35 year old male who was injured at work on 11/13/2009. He was lifting television sets from a pallet when he experienced sudden low back pain. He was diagnosed with lumbar sprain and spondylosis. He reported persisting pain. Treatment included physical therapy and analgesic medication. Surgical interventions included lumbar spinal fusion in 2011, followed by a surgical revision in 2012. Pain persisted, and he developed secondary depressed mood. The most recent documented psychiatric treatment report is dated 4/15/2013. In this report, the patient reported feeling depressed mood, insomnia, low libido, poor motivation, anger, poor concentration, low energy, social isolation. He was diagnosed with Major Depression, Anxiety Disorder and Pain Disorder. A request was made for hypnotherapy/relaxation training for 12 weeks, as well as a psychiatric assessment, with follow up appointments for up to 6 to 8 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy /relaxation training one time a week for twelve 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, ODG Cognitive Behavioral therapy (CBT) treatment for chronic pain, Pag.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that cognitive behavioral therapy is recommended for the treatment of mental health symptoms secondary to chronic pain. It can be helpful especially to help improve coping skills, reduce pain intensity, and to treat comorbid depression and anxiety. The guideline recommends an initial trial of 3 - 4 sessions over 2 weeks, to be followed by additional sessions up to 6 - 10 over 5 -6 weeks if there has been objective functional improvement. The injured worker is diagnosed with depression and anxiety secondary to chronic pain. Cognitive behavior therapy (CBT) would be an appropriate treatment to alleviate his symptoms. The request for hypnotherapy/relaxation would need to be incorporated within the total number of CBT sessions. However, the request for 12 sessions is excessive at this time, as instead the more appropriate number of sessions would be 3 - 4 to begin with, according to the guideline recommendation. On this basis, the request is not medically necessary.

Psychiatric Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that brief courses of antidepressants may be helpful to alleviate symptoms of depression, but usefulness in acute situations may be limited. Antidepressants have many side effects and can result in decreased work performance or mania in some people. Given the complexity and increasing effectiveness of available agents, referral for medication evaluation may be worthwhile. The available documentation fails to indicate a compelling rationale for a psychiatric evaluation, because there is no more recent psychiatric evaluation since 4/15/13. There needs to be a more recent evaluation in order to determine if symptom severity warrants a referral. In addition, based on the information available, the injured worker has not yet undergone an adequate trial of Cognitive behavior therapy (CBT) first. An initial trial of CBT may prove beneficial, reduce the depressive symptoms, and thereby obviate the need for a psychiatric evaluation. For these reasons, the request for a psychiatric evaluation is not medically necessary.

Follow Up appointment monthly for six to eight months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter Mental Health and stress.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) is not applicable. Official Disability Guidelines (ODG) indicate that psychotropic medication follow up appointments are an important part of the overall treatment plan for individuals suffering from mental health symptoms secondary to chronic pain. The frequency and duration of sessions is determined by the severity of symptoms, if a referral for therapy is made, for missed time off work, and to adjust medications and manage adverse side effects. The injured worker is diagnosed with depression and anxiety secondary to chronic pain. He has not been approved for an initial psychiatric evaluation, so that it follows; there is no medical necessity for any follow up appointments.