

Case Number:	CM14-0135699		
Date Assigned:	08/29/2014	Date of Injury:	06/22/2006
Decision Date:	10/02/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 59-year-old with date of injury 6/22/2006. Date of the UR decision was 7/23/2014. Mechanism of Injury was described as a Motor Vehicle Accident. The injured worker has undergone treatment with 24 sessions of Physical Therapy in 2006; 18 sessions of Physical Therapy in 2007; MRI cervical Spine 11/07/2006; TENS unit; Right Shoulder Arthroscopic Rotator Cuff repair in 2007 with 18 sessions of post-operative Physical therapy; Aquatic Therapy X12 approved 04/2013 thru 08/2013; Behavioral Therapy visits X 19 (02/2014 thru 06/2014); medications. There are 19 documented visits with this provider with dates ranging from 01/28/2014 thru 06/24/2014. Psychologist Report dated 6/24/2014 indicated that the injured worker presented with subjective complaints of increased pain, anger, depression, insomnia due to pain. Report dated 1/28/2014 per the Psychiatrist indicated that he had been prescribed Wellbutrin 150 mg daily for mood symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional thirteen visits of behavioral therapy (one per week): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; psychological treatment. Decision based on Non-MTUS Citation 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

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 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) Upon review of the submitted documentation, it is gathered that the injured worker has had at least 19 psychotherapy sessions focused on CBT approach and there has been no mention of "objective functional improvement". The injured worker has already exceeded the upper limit of behavioral therapy sessions per the guidelines quoted above. The request for thirteen additional visits of behavioral therapy (one per week) is not medically necessary or appropriate.

Medication management, once monthly for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter; Office Visit

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, Office visits Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self care as soon as clinically feasible. " Report dated 1/28/2014 indicated that the injured worker had been prescribed Wellbutrin 150 mg daily. The injured worker is not on medications that would require close monitoring such as once monthly visits. The request for medication management, once monthly for six months, is not medically necessary or appropriate.

