

Case Number:	CM14-0145845		
Date Assigned:	09/12/2014	Date of Injury:	03/30/2012
Decision Date:	11/03/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 94 pages of medical and administrative records. The injured worker is a 44 year old male whose date of injury is 03/30/2012. On 04/27/14 his knee buckled on a step at home, he fell onto his right shoulder resulting in a dislocation. He underwent a closed reduction in the ER. His current psychiatric diagnoses are major depressive disorder single episode moderate and chronic pain. He was involved a work related motor vehicle accident in which he was struck from behind, causing him to strike the car in front of him. He was wearing a seatbelt at the time and his airbag deployed. He experienced neck, back, bilateral shoulder and bilateral knee pain, from which he continues to suffer. He was taken off work on 04/03/12 and has not worked since. He was treated by a chiropractor (helpful), had epidural injections, and arthroscopic surgery on the right knee. He is receiving pain management. He had a 2nd accident on 02/14/2013 (non-work related) which also affected the spine and right arm but had no impact upon the right knee. He has developed radicular pain. Per records from [REDACTED], the patient has a past history of bipolar II disorder with depression (2008). He had an initial psychiatric evaluation on 06/11/2013 and was diagnosed with major depression with PTSD, insomnia, sexual dysfunction, and pain disorder. He was authorized for psychotherapy. Psychiatric evaluation with [REDACTED] on 03/13/2014 diagnosed him with adjustment disorder, depression, cognitive disorder, and history of bipolar II disorder. C-spine MRI of 07/21/2014 showed mild disc degeneration, bulging and bilateral foraminal narrowing at C3-4, C5-6, and C6-7, with no disc protrusion, stenosis, or old fracture identified. A PR2 of 08/14/2014 by [REDACTED] shows the patient complaining of no change in his depressive symptoms of anhedonia, loss of libido, middle insomnia, poor concentration/attention/memory, poor self-esteem, guilt, low energy, irritability, and hopelessness. He reported psychomotor agitation,

anxiety, and anger attacks when in the car. He denied suicidal/homicidal ideation and had no self-injurious thoughts. He started group therapy for anxiety and found it beneficial. Objectively he showed minimal psychomotor agitation, mood was anxious and slightly depressed, attention/concentration was impaired and required redirection but he lost the line of the interview rarely. He was on Effexor XR 225mg per day, Trazodone 150mg at bedtime, Oxycontin and Hydrocodone

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual therapy for anxiety 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23, 101-102. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT), Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The patient's diagnosis is major depressive disorder single episode moderate. He reports anxiety symptoms as well. These are not well elucidated objectively, and no scales were provided (e.g. Beck Anxiety Inventory) from which to assess and quantify the patient's subjective level of anxiety. Psychotherapy was authorized in 06/2013 however records do not indicate the number used to date and whether or not there was any objective functional improvement. The patient is apparently finding group therapy beneficial for anxiety however here too no details are provided in terms of targeted symptoms, goals, and objective functional improvement. This request is therefore noncertified. MTUS and ODG do not specifically reference psychotherapy for anxiety. MTUS recommends behavioral interventions. 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. See also Multi-disciplinary pain programs. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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).