

Case Number:	CM14-0151314		
Date Assigned:	10/16/2014	Date of Injury:	12/14/2011
Decision Date:	11/18/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/17/2014

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 26 year old male with date of injury 12/14/2011. Date of the UR decision was 9/2/2014. Mechanism of injury was reported to be a fall resulting in left knee pain, chronic low back pain due to a L2 compression fracture. Report dated 10/2/2014 listed diagnosis of joint pain of pelvis, thigh and lower leg, lumbar disc degeneration, depression and psychogenic pain. The medications being prescribed for injured worker were Ambien, Prozac, Docusate, Naproxen and Tylenol. Report dated 8/21/2014 suggested that he was continuing to experience chronic low back pain and left knee pain. It was indicated that his depressive symptoms and anxiety symptoms had gradually worsened without being on Prozac. It was suggested that the injured worker developed depressive symptoms since June 2013 and he had been feeling more hopeless, helpless and emotional.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Follow up visits with the psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 would be a good candidate for behavioral treatment for chronic pain. However, the request for 12 Follow up visits with the psychologist exceeds the guideline recommendations for an initial trial. Thus the request is not medically necessary at this time

1 Prescription of fluoxetine 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain SSIRs (selective serotonin reupt. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress & Mental Illness, Antidepressants for treatment of MDD major depressive disorder

Decision rationale: ODG states "MDD (major depressive disorder) treatment, severe presentations -The American Psychiatric Association strongly recommends anti-depressant medications for moderate or severe presentations of MDD" The injured worker does not have diagnosis of Major depressive disorder. The request for 1 Prescription of fluoxetine 20mg #30 with 2 refills is not medically necessary.