MAXIMUS Federal Services

Case Number:	CM14-0170084		
Date Assigned:	10/20/2014	Date of Injury:	05/06/2010
Decision Date:	11/20/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 05/06/10 when, while working on a machine at a steel processing factory, he was nearly run over by a forklift. He jumped backwards and struck the forklift blade with injury to the low back and right wrist. He was evaluated for a lumbar decompression and fusion in 2013 which was recommended but he elected not to undergo the procedure. He was seen on 06/02/14 for a psychiatric evaluation. His history of injury and subsequent treatments were reviewed. He was having low back pain radiating into the lower extremities with numbness and tingling and decreased right grip strength. There had been a gradual deterioration in his emotional functioning. He was having episodes of depression and there is reference to a 30 pound weight gain. He was chronically fatigued with decreased libido. He was having difficulty sleeping. Diagnoses were major depression, PTSD, and pain disorder. He had a GAF of 52. Recommendations included psychotherapy treatments and medications.He was seen for orthopedic follow-up on 08/13/14. He was performing a home exercise program. Medications included Celebrex which was managing his pain well. He was having minimal low back and leg pain. Physical examination findings included decreased lumbar spine range of motion with a normal neurological examination. Ketoprofen cream, topical lidocaine, and Terocin were prescribed. He was continued at temporary total disability. There are psychotherapy progress reports. On 09/08/14 he was having ongoing difficulty sleeping. Testing was administered with a BDI score of 12 and BAI score of 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 1x month x 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain Suffering and Restoration of function

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress, Office visits

Decision rationale: necessary:The claimant is more than 4 years status post work-related injury and is being treated for major depression, PTSD, and pain disorder.Office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Therefore the requested medication management for 12 months was not medically necessary.

BDI (Beck depression inventory) 1x month for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain Suffering and Restoration of function

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 & Stress , BDI Â®-II (Beck Depression Inventory-2nd edition)

Decision rationale: The claimant is more than 4 years status post work-related injury and is being treated for major depression, PTSD, and pain disorder.Administration of the BDI (Beck depression inventory) is recommended as a first-line option psychological test in the assessment of chronic pain patients and is useful as a screen or as one test in a more comprehensive evaluation. It is not intended to monitor response to treatment.Therefore this request was not medically necessary.

BAI (Beck anxiety inventory) 1x month for 12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain Suffering and Restoration of function

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Mental Illness & Stress, Psychological evaluations

Decision rationale: The claimant is more than 4 years status post work-related injury and is being treated for major depression, PTSD, and pain disorder.Psychometric testing is considered important in the evaluation of chronic complex pain problems and can be part of the physical examination. There are many psychometric tests with many different purposes. In this case, the

requested test is used for screening purposes. It is not intended to monitor response to treatment. Therefore this request was not medically necessary.

Psychotherapy 1x week for 24 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) (1) Mental Illness & Stress, Cognitive therapy for depression (2) Mental Illness & Stress, Cognitive therapy for PTSD

Decision rationale: The claimant is more than 4 years status post work-related injury and is being treated for major depression, PTSD, and pain disorder.Guidelines recommend an initial trial of 6 psychotherapy visits over 6 weeks. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Therefore this request for 24 weekly psychotherapy visits was not medically necessary.

BAI 1x week every 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain Suffering and Restoration of function

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress, Psychological evaluations

Decision rationale: The claimant is more than 4 years status post work-related injury and is being treated for major depression, PTSD, and pain disorder.Psychometric testing is considered important in the evaluation of chronic complex pain problems and can be part of the physical examination. There are many psychometric tests with many different purposes. In this case, the requested test is used for screening purposes. It is not intended to monitor response to treatment.Therefore this request was not medically necessary.

BDI 1x every 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain Suffering and Restoration of function

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Mental Illness & Stress, BDI Â®-II (Beck Depression Inventory-2nd edition)

Decision rationale: The claimant is more than 4 years status post work-related injury and is being treated for major depression, PTSD, and pain disorder.Administration of the BDI (Beck depression inventory) is recommended as a first-line option psychological test in the assessment of chronic pain patients and is useful as a screen or as one test in a more comprehensive evaluation. It is not intended to monitor response to treatment.Therefore this request was not medically necessary.