

Case Number:	CM14-0174488		
Date Assigned:	10/27/2014	Date of Injury:	06/05/2007
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 68 year old male with date of injury 6/5/2007. Date of the UR decision was 9/23/2014. Mechanism of injury was described as a fall. Report dated 7/11/2014 suggested that the injured worker complained of lower extremity weakness right>left; difficulty sleeping with increased anxiety/depression secondary to the industrial injuries. He was being treated for chronic thoracic and lumbar spine sprain/strain; chronic right wrist tenosynovitis; right medial epicondylitis; status post right shoulder arthroscopy and left spine fusion surgeries in 2010. Report dated 8/4/2014 suggested that he scored 39 on Beck Depression Inventory scale indicating severe level of depression and 21 on the Beck Anxiety Inventory indicating moderate levels of anxiety. He was diagnosed with Major Depression, single episode, moderate to severe, non psychotic and Pain disorder associated with both psychological factors and general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological testing once every 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (mental illness & stress)

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

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for Psychological testing once every 6 weeks; unspecified number of sessions is excessive and not medically necessary. Guidelines recommend that psychosocial evaluations should determine if further psychosocial interventions are indicated and thus ongoing psychological testing is not indicated once that is established. The request is not medically necessary.

Once weekly individual therapy for one year: Upheld

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

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 recommend 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 suffers from chronic pain and psychological symptoms related to the chronic pain secondary to the industrial trauma. However, the request for Once weekly individual therapy for one year exceeds the guideline recommendations for an initial trial or the total number of sessions recommended for chronic pain. Thus, the request is not medically necessary.

Medications once every 4 weeks for one year - (may include SSRI, and other depressant medication such as Bupropion benzodiazepines): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter; regarding 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; Antidepressants for treatment of MDD (major depressive disorder)

Decision rationale: The request for Medications once every 4 weeks for one year - (may include SSRI, and other depressant medication such as Bupropion, benzodiazepines) is vague and does not specify clearly as to which medications are being prescribed, the goals of treatment, the duration of time the medications are intended to be continued etc. Some of the medications such as Benzodiazepines are not recommended for long term use. Thus, the request is not medically necessary.