

Case Number:	CM14-0176474		
Date Assigned:	10/29/2014	Date of Injury:	09/08/2010
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 female with date of injury 9/8/2010. Date of the UR decision was 10/21/2014. Mechanism of injury was identified as a slip and a fall. Per report dated 10/21/2014, she was diagnosed with Major Depressive disorder, Anxiety disorder, and Pain disorder associated with both psychological factors and general medical condition. Report dated 9/12/2014 suggested that she had a Psychiatric hospitalization in February 2012 when she made a suicide attempt. She scored 38 on Beck Depression Inventory indicating severe levels of depression and 43 on Beck Anxiety Inventory indicating severe levels of anxiety. Report dated 8/11/2014 listed subjective complaints as depressed mood, sleep disturbance, anxiety/panic like symptoms, difficulty concentrating and feeling worried. The report dated 9/12/2014 listed diagnosis of Opioid dependence as well, but there is no detailed information regarding the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Hospitalization to medically supervise withdrawing from pain meds: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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, Hospital length of stay LOS

Decision rationale: ODG states: "Hospital length of stay (LOS): Recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications Drug Detox (icd 94.65 - Drug detoxification) Actual data -- median 4 days; mean 4.1 days (0.2); discharges 78,219; charges (mean) \$9,756 Best practice target (no complications) - 4 days" The request for Inpatient Hospitalization to medically supervise withdrawing from pain meds is not medically necessary. There is no clear documentation regarding the severity of opioid dependence as to why an inpatient taper is requested rather than a slow taper in an outpatient setting. The request also does not specify the number of days requested.

12 Individual Psychotherapy once a month for 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

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, and 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 psychotherapy sessions, however, there is no documentation regarding the number of sessions completed so far or any evidence of objective functional improvement. The request for 12 Individual Psychotherapy - once a month for 12 is excessive and not medically necessary.