MAXIMUS Federal Services

Case Number:	CM14-0045405		
Date Assigned:	06/27/2014	Date of Injury:	07/11/1998
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/01/2014

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 Licensed in Psychiatrist 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:

The injured worker is a 58 year old female with date of injury 7/11/1998. The industrial injury was described as a back injury requiring two surgeries, details are unknown. A report dated 6/18/2014 suggested that injured worker's back pain is persistent with radicular symptoms to bilateral lower extremities and was rated as an 8/10 in intensity on that day. She has a neurogenic bladder and requires assistance with intermittent catheterizations. It was also reported that she had a recent increase in depression and anxiety to a point that she had to be taken to the hospital twice. In the past, the treatment has included Spinal Cord Stimulator placement which had to be removed eventually. The current medications per that report were Oxycodone, Norco, FexMid, Paxil 20 mg(it was reduced from a 60 mg dose), Valium 10 mg three times daily, Trazodone 100-200 mg nightly as needed for sleep. It was noted that she has been seeing a Psychiatrist and a Psychologist on an ongoing basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral therapy, 24 weekly sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment,page(s) 23, 100-102 Page(s): 23, 100-102. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress,cognitive therapy for depression.

Decision rationale: There are no details available regarding the psychiatric care been provided to the injured worker so far. There is no information regarding the inpatient hospitalizations she has been through. It has been indicated that she has been seeing a Psychologist on a ongoing basis and has received psychotherapy sessions, but there is no evidence regarding the number of sessions received so far, any evidence of objective functional improvement with it etc. Based on this information, the request for cognitive behavioral therapy, 24 weekly sessions is not medically necessary at this time.

8 sessions of medication management for depression and anxiety related to the lower back injury: Upheld

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

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 visitsStress related conditions.

Decision rationale: There is no detail regarding the psychiatric care been provided to the injured worker so far. There is no information regarding the inpatient hospitalizations she has been through. It is indicated that she has been seeing a Psychologist on a ongoing basis and has received psychotherapy sessions, but there is no information regarding the number of sessions received so far, any evidence of objective functional improvement with it etc. It is indicated that Paxil 20 mg is being prescribed by Psychiatrist, however there is no Psychiatrist report available. She is also getting Trazodone for sleep and is being prescribed Valium, the use of which is unclear as to if it for muscle spasms or anxiety. Valium is not recommended for long term use per the guidelines. Based on this information, the request for 8 sessions of medication management for depression and anxiety related to the lower back injury. As such, the request is not medically necessary.