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| Case Number: | CM14-0070881 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 05/17/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/16/2014 |

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 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 33-year-old male who reported a misstep during heavy lifting on 05/17/2012. On 09/06/2013, it was noted that he was completing his 17th session of cognitive behavioral group therapy. On 05/01/2014, it was noted that he completed session #10 of cognitive behavioral psychotherapy. On 06/20/2014, the injured worker stated that he would be unable to continue with his group therapy due to transportation and financial issues. The note states that he continued to present with depressed mood, anhedonia, loss of libido, poor concentration, attention and memory, increased appetite, guilt feelings, irritability, anger, hopelessness, helplessness, anxiety and decreased energy level. His diagnoses included moderate major depressive disorder and insomnia related to pain and depression. On 07/08/2014, in an orthopedic follow up evaluation, his complaints included persistent pain along the right and left knee. His diagnoses included internal derangement of the left knee status post-surgical intervention in 11/2013 with residual laxity, discogenic lumbar condition with radicular complaints down the lower extremities, compensable issue with regard to the right knee and ankle pain. His medications included trazodone 50 mg, Effexor 75 mg, Protonix 20 mg, naproxen 550 mg and Norco 10/325 mg. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment pages Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: The request for 6 psychotherapy sessions is not medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients for chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have positive short term effect on pain interference and long term effect on return to work. The Official Disability Guidelines do recommend cognitive behavioral therapy for depression, stating that the effects may be longer lasting than therapy with antidepressants alone. Timeframes include up to 13 to 20 visits over 7 to 20 weeks if progress is being made, with up to 50 sessions in cases of severe major depression. This injured worker does not have a diagnosis of severe major depression and has already completed at least 27 sessions of therapy, which exceeds the recommendations in the guidelines. Additionally, he was still depressed and anxious with feelings of hopelessness, helplessness, guilt, irritability and poor concentration. It is not clear how much the therapy that he attended up to that point had helped him and there is no indication that 6 more sessions of therapy would help him any further. Therefore, this request for 6 psychotherapy sessions is not medically necessary.

6 Monthly Medication Management Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89.

Decision rationale: The request for 6 monthly medication management sessions is not medically necessary. The California ACOEM Guidelines suggest that under an optimal system, the clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery, as well as provide expert medical recommendations. There was no indication in the submitted documents that this injured worker was having any untoward side effects or difficulties with his medications. He had been taking the same regimen of medications for an extended period of time and there was no documentation of attempts to change to different medications to decrease his pain and improve his functional abilities. The clinical information submitted fails to meet the evidence based guidelines for referral to medication management specialists. Therefore, this request for 6 monthly medication management sessions is not medically necessary.

