

Case Number:	CM14-0088751		
Date Assigned:	07/23/2014	Date of Injury:	02/07/2014
Decision Date:	09/10/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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:

The injured worker is a 43 year old female with date of injury 2/7/14 with depression and anxiety secondary to intractable neck and low back pain. The injured worker was treated with medications and 5 out of 12 physical therapy sessions as of 5/19/14, which had been very painful and increased the burning pain and numbness in the arms. She also had heat application and transcutaneous electric nerve stimulation (TENS) unit treatment which were helpful. Per note dated 8/6/14, her psychiatric symptoms led to increased social isolation and avoidance; decreased self-care activities; and limited functional ability. She reported difficulties engaging independently in the world, and continuing to struggle with accepting her chronic condition without becoming hopeless, helpless, or panicked. Because of these problems, her recovery is delayed; she is relying on expensive and frequent medical procedures at the expense of fully developing her independent coping capacity and moving on with her life." She also tried working modified duty but could not tolerate prolonged sitting. She was taking Hydrocodone-Acetaminophen 10-325 mg, Mirtazapine 15 mg, Naproxen Sodium 550 mg, Orphenadrine 100 mg, and Pantoprazole 20 mg. She denied suicidal and homicidal ideation and does not appear to experience psychotic symptoms. The date of UR decision was 6/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavioral Therapy (CBT) guidelines for chronic pain.

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

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 has had psychotherapy sessions focused on CBT approach. Per 8/6/14 note, the injured worker had made the following treatment gains thus far: decreased anxiety by 35%, increased structured activity outside of the home by 15%, increased personal hygiene and grooming, greater participation in home exercise program and stretching, regular attendance and participation in her appointments and a willingness to set and reach goals. However, the injured worker has already exceeded the upper limit of CBT sessions for chronic pain issues per the guidelines quoted above. Request for 12 more CBT sessions is not medically necessary and will be denied.

Pharmacological x 3 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress (updated 04/09/14) Office visits.

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, Office Visits.

Decision rationale: The MTUS is silent on psychiatric medication management. Per ODG TWC: "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self-care as soon as clinically feasible."

Upon review of the submitted documentation, it is noted that the injured worker has been using mirtazapine since at least as early as 5/2014. The documentation contains no record of psychiatric evaluation performed by a psychiatrist. One psychopharmacological session is medically reasonable to assess the efficacy of the injured worker's psychotropic medication, with follow up visits determined there on. As the request is for three sessions, the request is not medically necessary.