

Case Number:	CM14-0099676		
Date Assigned:	09/23/2014	Date of Injury:	12/21/2007
Decision Date:	11/14/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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:

This is a 65-year-old female with a December 21, 2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated March 31, 2014 noted subjective complaints of anxiety and depression, as well as continued stiffness and pain in her neck. Objective findings included limited cervical range of motion (ROM). The patient's medications noted to include Vicodin, Motrin, Ambien, and Zoloft. It is noted that she is seeing a private psychiatrist for her depression. Diagnostic Impression was major depressive disorder, cervical disc degeneration. Treatment to Date included medication management. A UR decision dated June 4, 2014 denied the request for psychotherapy. No progress notes or psychiatric notes were submitted documenting objective functional improvement. It also modified Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI), certifying once every 2 months for 6 months. The frequency seems excessive. It also modified medication management to once a month for 12 months and BDI, BAI to once every 2 months for 6 months. The claimant is on multiple psychotropic medications, which require medication management to monitor side effects, check efficacy and make dosing adjustments. BAI and BDI are periodically administered to individuals to measure the severity of anxiety and depression to monitor the progress of treatment. However, the requested amount seems excessive. Treatment to Date: medication management A UR decision dated 6/4/14 denied the request for psychotherapy 1 x 48. No progress notes or psychiatric notes were submitted documenting objective functional improvement. It also modified BAI and BDI 1 x every 6 weeks, certifying 1 x every 2 months for 6 months. The frequency seems excessive. It also modified medication management, BDI, BAI 1 x month for 12 months, certifying 1 x month for 6 months for medication management and BDI/BAI 1 x every 2 months for 6 months. The claimant is on multiple psychotropic medications which require medication management to monitor side-effects, check efficacy and

make dosing adjustments. BAI and BDI are periodically administered to individuals to measure the severity of anxiety and depression to monitor the progress of treatment. However, the requested amount seems excessive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (once a week for 48-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, the Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. However, it is noted that the patient has had prior psychotherapy for an indeterminate number of visits. There is no documentation of objective functional benefit obtained from this prior treatment. Furthermore, the requested 48 sessions well exceeds guideline recommendations. Therefore, the request is not medically necessary.

Beck Anxiety Inventory and Beck Depression Inventory (once every 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Follow-up Visits,Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consult and Treatment Page(s): 100-101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. However, although psychological evaluation and inventories such as the BAI and BDI are generally recommended in the chronic pain population, it is noted that the patient is currently seeing a private psychiatrist. It is unclear why the patient would need additional evaluations of anxiety and depression. Additionally, there is no stated endpoint to the request. Therefore, the request is not medically necessary.

BDI and BAI 1 x month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Follow up Visits,Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consult and Treatment Page(s): 100-101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. However, although psychological evaluation and inventories such as the BAI and BDI are generally recommended in the chronic pain population, it is noted that the patient is currently seeing a private psychiatrist. It is unclear why the patient would need additional evaluations of anxiety and depression. Therefore, the request for is not medically necessary.

Medication Management (once every month for 12 months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS Guidelines do not specifically address this issue. The Official Disability Guidelines states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: determine the aim of use of the medication; determine the potential benefits and adverse effects; determine the patient's preference. However, in the documents available for review, there is no mention of objective functional benefit derived from the medications currently in use. Therefore, the request is not medically necessary.