

Case Number:	CM14-0164718		
Date Assigned:	10/09/2014	Date of Injury:	11/17/2008
Decision Date:	08/26/2015	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 who sustained an industrial injury on 11/17/08. Diagnoses are chronic neck pain, left shoulder degenerative joint disease, bilateral lumbar radiculopathy, left shoulder rotator cuff repair, status post open repair, status post arthroscopic release for frozen shoulder, spondylosis L2-S1, neural foraminal stenosis L1-S1, partial thickness tear at supraspinatus, infraspinatus and subscapularis. In a report dated 5/21/14, the Beck inventory score is 30, Beck Depression score is 31, and the SCL-90-R notes severe clinical somatization. In a narrative progress report dated 9/15/14, the primary treating physician notes an L5-S1 transforaminal epidural injection was done on 9/12/14 which provided approximately 15-20% relief. The injured worker recently had a reaction to Cymbalta and is no longer taking it. He continues to have neck pain rated at 7/10 without medication and 3/10 with medication. Ongoing bilateral shoulder pain is rated at 8/10 without medication and 3/10 with medication, ongoing lower back pain is rated at 8/10 without medication and 3/10 with medication, bilateral knee pain is rated at 5/10 without medication and 2/10 with medication and right and left ankle pain is rated at 9/10 without medication and 4/10 with medication. Medications are Anaprox, Ultram, Norco, Percocet, Protonix, Amlodipine-Benazepril, Digoxin, Metoprolol, Simvastatin, Tamsulosin Hcl, and Warfarin Sodium. He has an antalgic gait and uses a cane. There is palpable tenderness to the paravertebral muscles bilaterally. He has decreased painful range of motion. There is decreased sensation over the L5 and S1 dermatome bilaterally. Straight leg raise is positive in the bilateral lower extremities. MRI's of the lumbar spine and MR arthrogram of the left shoulder confirm diagnoses. If his pain becomes intolerable, surgical

recommendations will be considered. The requested treatment is fifteen sessions of cognitive behavioral training, psychiatric treatment every other week to include psychiatric medications until medications are stabilized, then monthly visits, and re-evaluation with the doctor at the end of the year 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fifteen sessions of cognitive behavioral training: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23 and 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 ascertained that the injured worker has completed 12 sessions of psychotherapy as well as 12 sessions of hypnotherapy and there has been no mention of any evidence of objective functional improvement with the same. The guidelines recommend total of up to 6-10 visits over 5-6 weeks after completion of an initial trial with evidence of objective functional improvement. The request exceeds the guideline recommendations and thus is not medically necessary.

Psychiatric treatment every other week to include psychiatric medications until medications are stabilized, then monthly visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT Psychotherapy Guidelines.

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: ODG states "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. The request for Psychiatric treatment every other week to include psychiatric medications until medications are stabilized, then monthly visits is excessive and not medically necessary as there is no clinical need for such close monitoring. The injured worker does not need to be evaluated every other week with a specialist. Also, the request is vague in terms of the names, quantity, and doses of medications being requested. The duration of treatment is also unspecified. The request is not medically necessary.

Re-evaluation with Dr. at the end of the year 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 request for Re-evaluation with Dr. at the end of the year 2014 is not clinically indicated as the injured worker is being re-evaluated at every office visit. Therefore the request is not medically necessary.