

Case Number:	CM14-0191969		
Date Assigned:	11/25/2014	Date of Injury:	12/03/2009
Decision Date:	01/12/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/17/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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:

Records reviewed include 272 pages of medical and administrative records. The injured worker is a 59 year old male whose date of injury is 12/03/2009 involving repetitive motion resulting in chronic pain in the left knee, right wrist, posterior neck, low back, and bilateral shoulders. His primary diagnosis is major depressive disorder single episode. Orthopedic treatments have included surgery, acupuncture/chiropractic, injections, and pain management. He subsequently developed depression, anxiety, and sleep disturbance. 04/17/14 a treating physician's follow up report showed difficulty with daily activities, a Beck Depression Inventory of 26 (moderate to severe), Beck Anxiety Inventory of 20 (moderate), and Insomnia Severity Index (ISI) 24 (moderate). On 09/16/14 a follow up orthopedic exam shows that medications were zolpidem, buspirone, Butrans patch, gabapentin for neuropathic pain, tinazidine for muscle spasms, and Norco. Pain was reported as 6-8/10 in the various areas of injury. A PR2 of 10/14/14 indicated the patient to be objectively less emotionally withdrawn and insecure, better able to get along with others, had decreased agitation with better ability to communicate with his wife, and less fearfulness, irritability, and short-temperedness. Subjective complaints included anxiety, sleep disruption, damaged self-esteem, emotional withdrawal, psychological fatigue, and cognitive impairment with deficits in concentration and attention. A UR of 11/4/14 noted that the patient had completed 19 CBT and 7 biofeedback sessions. The request for psychiatric service/therapy was modified to 3 additional CBT sessions on an as needed basis through 02/02/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Service/ Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, CBT

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102.

Decision rationale: The patient suffers from major depressive disorder single episode, along with anxiety. Per UR of 11/04/14 he has received 19 CBT and 7 biofeedback sessions with objective functional improvement. Three additional CBT sessions were certified from 11/04/14-02/02/15. There is no indication that he is being followed by a psychiatrist for antidepressant/anxiolytic medication consultation or treatment. Records provided do not reflect whether or not those additional sessions have been used. Based on the above information, the request for Psychiatric Service/ Therapy is not medically necessary.