

Case Number:	CM15-0009129		
Date Assigned:	01/27/2015	Date of Injury:	05/30/2012
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/15/2015

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 47-year-old male, who sustained an industrial injury on May 30, 2012. He has reported neck pain, shoulder pain, and numbness and tingling of the right hand. The diagnoses have included cervical spine radiculopathy, neck sprain/strain, facet arthropathy, major depressive disorder, single episode, moderate, and agoraphobia with panic attacks. Treatment to date has included cervical spine fusion, medications, home exercises, psychotherapy, and imaging studies. Currently, the injured worker complains of continued pain, depression, and anxiety. The treating physician is requesting office visits for a total of six encounters, and psychotherapy with patient and family including evaluation and management services for six encounters. On January 7, 2015, Utilization Review partially certified the request for office visits with an adjustment to the total number of encounters and non-certified the request for the psychotherapy noting the lack of documentation to support the necessity of the services. The MTUS was cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit X 6: 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 Stress & Mental illness Office visits; Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self care as soon as clinically feasible. The injured worker has been diagnosed with major depressive disorder, single episode, moderate, and agoraphobia with panic attacks. The request for Office Visit X 6 is excessive and not medically necessary since there is no clinical rationale for the need for 6 visits at this time. It is to be noted that the UR physician authorized 2 visits and need for further treatment can be based on the recommendations documented in these office visits.

Psych TX PT &/ Fam with Evaluation and Management 30 MIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 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) The injured worker has been diagnosed with major depressive disorder, single episode, moderate, and agoraphobia with panic attacks and has already undergone some treatment with psychotherapy. However, there is no clear documentation regarding the number of sessions completed so far or any evidence of objective functional

improvement. The request for Pysch TX PT &/ Fam with Evaluation and Management 30 MIN is excessive and not medically necessary as there is no clinical rationale of why the injured worker needs family therapy or more individual therapy.