

Case Number:	CM15-0106404		
Date Assigned:	06/15/2015	Date of Injury:	12/15/2008
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/02/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 52 year old female, who sustained an industrial injury on December 15, 2008, incurring lower back and knee injuries. She was diagnosed with lumbar degenerative disc disease and internal derangement of the right knee with chondromalacia and tenosynovitis of the right thumb. Treatment included pain medications, muscle relaxants, anti-inflammatory drugs, proton pump inhibitor and work restrictions. Magnetic Resonance Imaging of the right knee performed in 2013 revealed a meniscal tear. Currently, the injured worker complained of persistent low back pain and knee pain. The treatment plan that was requested for authorization included outpatient medication management and individual Cognitive Behavioral Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Medication Management times six (6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Procedure Summary Online Version (updated 4/6/15).

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

Decision rationale: MTUS and ACOEM does not specifically cite pharmacological management consultations, so other guidelines were utilized. ODG states, "office visits are 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. Based on the available medical record, the treating physician is the primary source the medication refills and requests. The record does not detail the medications that the patient is on which should be carefully followed. Further, the treating physician does not detail what specific items he has difficulty with managing. The earlier utilization review approved for one medication management session, which is appropriate. As such, the request for Outpatient Medication Management times six is deemed to be not medically necessary.

Individual Cognitive Behavioral Therapy (CBT) times six (6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

Decision rationale: MTUS Pain guidelines and ODG refer to CBT as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT 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 medical records indicate that the patient has depressive symptoms. The treatment notes do not indicate any prior CBT. The guidelines call for 3-4 visits over 2 weeks with additional following documentation of improvement. This request exceeds the recommended number. the earlier utilization review called for a modified number of visits (4) which is appropriate. As such, the request for Individual Cognitive Behavioral Therapy (CBT) times is deemed not medically necessary.

