

Case Number:	CM15-0109091		
Date Assigned:	06/15/2015	Date of Injury:	10/07/2013
Decision Date:	07/22/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/05/2015

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 female, who sustained an industrial injury on 10/07/2013. Initial complaints and diagnosis was note clearly documented. On provider visit dated 04/17/2015 the injured worker has reported right and left hand pain due to tendinitis and right shoulder pain. Due to overwhelming stress the injured worker states she has taken days off of work due to pain. On examination the constant movement of shoulders due to discomfort and pain was noted. The injured worker was noted to be off work. The diagnoses have included adjustment disorder with mixed anxiety and depressive mood. Treatment to date was not clearly noted. The provider requested individual psychotherapy 1x/weekly for the next 3 months and psychopharmacology management 1x/month for the next 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1x/weekly for the next 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment 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 recommends 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 adjustment disorder with mixed anxiety and depressive mood secondary to the chronic pain due to the industrial injury. The request for Individual psychotherapy 1x/weekly for the next 3 months i.e. 12 sessions exceeds the guideline recommendations for an initial trial as well as total number of sessions per the guidelines quoted above and thus is not medically necessary.

Psychopharmacology management 1x/month for the next 3 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) Chapter: Stress & Mental Illness Topic: 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 injured worker has been diagnosed with adjustment disorder with mixed anxiety and depressive mood secondary to the chronic pain due to the industrial injury and is being prescribed Escitalopram 10 mg daily. The request for such close monitoring as once monthly visits is not clinically indicated at this time. Thus, the request for Psychopharmacology management 1x/month for the next 3 months is not medically necessary.