

Case Number:	CM15-0195706		
Date Assigned:	10/09/2015	Date of Injury:	02/18/2010
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is represented [REDACTED] beneficiary who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of February 18, 2010. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for an intensive outpatient program. The claims administrator referenced an August 6, 2015 date of service and an August 18, 2015 RFA form in its determination. The claims administrator did apparently approve a neurocognitive evaluation. The claims administrator interpreted the request for an intensive outpatient program as a request for a multidisciplinary functional restoration program. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant underwent a psychological evaluation. The applicant was given diagnosis of major depressive disorder (MDD) and generalized anxiety disorder (GAD), and pain disorder with associated Global Assessment of Function (GAF) of 31. Self-paced workloads and flexible work hours were suggested. On August 20, 2015, the applicant was placed off of work, no total temporary disability. Multiple complaints including neck and low back pain were reported. The applicant was asked to continue using TENS unit and topical Lidoderm. The note was very difficult to follow and not altogether legible. On September 3, 2015, it was stated that the applicant was struggling with suicidal thoughts. The applicant was asked to continue improving his coping skills through cognitive behavioral therapy. Additional cognitive behavioral therapy was sought. On August 5, 2015, the applicant reported ongoing issues with depression. A neurocognitive evaluation, additional cognitive behavioral therapy, and an intensive outpatient program were sought. The applicant was described as having previously used Prozac, Atarax, and Benadryl with suboptimal results.

The applicant's psychotropic medication list, as of this date, however, was not clearly reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intensive Outpatient Program: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Chronic pain programs (functional restoration programs).

Decision rationale: No, the request for an intensive outpatient program was not medically necessary, medically appropriate, or indicated here. The request in question did in fact represent a request for multidisciplinary chronic pain program. As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, however, the longer an applicant remains off of work, the less likely any treatment, including a comprehensive multidisciplinary program, will be effective. Here, the attending provider did not clearly identify why a multidisciplinary program could potentially prove beneficial here, i.e., some five years removed from the date of the injury. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that another primary criteria for pursuit of multidisciplinary chronic pain program is evidence that the applicant is motivated to improve and is willing to forego secondary gains, including disability payments, in an effort to effect said change. Here, however, there was no mention of the applicant's willingness to forego disability and/or indemnity benefits in an effort to try and improve. The request in question also represented a request for treatment via the functional restoration program or chronic pain program at issue in an open-ended fashion. Page 32 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, however, that treatment is not suggestive via such program for longer than two weeks without evidence of demonstrated efficacy documented by subjective and objective gains. Finally, page 32 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that another primary criteria for pursuit of said program is evidence that previous methods of treating chronic pain had proven unsuccessful with absence of other options likely to result in significant clinical improvement. Here, however, it was acknowledged that the applicant's primary deficits were mental health in nature. It did not appear that the applicant had received adequate mental health treatment, including psychotropic medications, prior to the request in question being initiated. The requesting provider also reported on August 6, 2015 that the applicant would continue cognitive behavioral therapy on that date. Thus, it did appear that there were other options, which could potentially result in clinical improvement here. Therefore, the request was not medically necessary.