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| <b>Case Number:</b>   | CM15-0024052 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 07/15/2000 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 01/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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 44 year old male, who sustained a work related injury on 7/15/00. The diagnoses have included lumbar stenosis, right lumbar radiculopathy and knee pain. Treatments to date have included oral medications, approximately 16 lumbar epidural injections, right knee surgery x 3, and physical therapy. In the Initial Orthopedic Spine Consultation report dated 1/14/15, the injured worker complains of low back pain and cannot tolerate to walk. He states pain is getting progressively worse and is having pain into right anterior thigh. He has tenderness to palpation of lower back and right buttock. He has limited range of motion in lower back. On 1/14/15 Utilization Review non-certified a request for 12 psychotherapy sessions. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/14/15, Utilization Review modified a request for 12 medication management sessions to 1 medication management session. The California MTUS, ACOEM Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 medication management sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress 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 Bipolar disorder and is being treated with multiple psychotropic medications such as Lithium, Tegretol, Zyprexa, Ambien, Lorazepam, Zyprexa. The request for 12 medication management sessions is medically necessary and the injured worker should be assessed/evaluated regularly for progress, medication effects/side effects etc during the office visits based on the nature of the illness needing multiple psychotropic medications.

**12 psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): Page(s) 23, 100-102. Decision based on Non-MTUS Citation Chapter: Stress and Mental illness Topic: Cognitive therapy for depression

**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) ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be

pursued if appropriate.) The request for 12 psychotherapy sessions exceeds the guideline recommendations for an initial trial per the MTUS and ODG guidelines. Thus, the request is not medically necessary.