

Case Number:	CM15-0025191		
Date Assigned:	02/17/2015	Date of Injury:	08/15/2006
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/10/2015

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 72 year old male who sustained an industrial injury on August 15, 2006. There was no mechanism of injury documented. There was documentation of a March 2009 surgery when his back and leg pain became worse. There is no discussion of physical impairments. The injured worker was diagnosed with major depressive disorder. According to the report on January 7, 2015, the injured worker continues to experience anxiety, panic attacks, flashbacks, sleep disturbances and depression attributed to his past work, current state of health and chronic pain. Current medications consist of Lexapro, Ativan and Ambien CR. The injured worker has participated in a biofeedback training class to help with coping skills through breathing and relaxation techniques. The treating physician requested authorization for Individual Psychotherapy 1x20 and Psychotropic Medication Management Once Every 3 Months times 6 Sessions. On January 16, 2015 the Utilization Review denied certification for Individual Psychotherapy 1x20. On January 16, 2015 the Utilization Review modified the authorization of Psychotropic Medication Management Once Every 3 Months times 6 Sessions to Psychotropic Medication Management Once Every 3 Months times 4 Sessions. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 1x20: 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) Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made."The injured worker developed chronic pain secondary to industrial trauma and subsequently was diagnosed with major depressive disorder. The request for Individual Psychotherapy 1x20 exceeds the guideline recommendations for an initial trial per MTUS and ODG. Thus, the request is not medically necessary.

Psychotropic Medication Management Once Every 3 Months X6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 diagnosed with major depressive disorder. Per most recent progress report dated 1/7/2015, the injured worker was continuing to experience anxiety, panic attacks, flashbacks, sleep disturbances and depression attributed to his past work, current state of health and chronic pain. Current medications prescribed were Lexapro, Ativan and Ambien CR. Medications such as Ativan and Ambien CR are indicated for short term treatment only. The request for Psychotropic Medication Management Once Every 3 Months X6 Sessions is excessive and not medically necessary as such close monitoring is not clinically indicated for antidepressant such as lexapro. It is to be noted that the UR physician authorized 4 Sessions instead of 6.