

Case Number:	CM15-0218602		
Date Assigned:	11/10/2015	Date of Injury:	03/14/2003
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/06/2015

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 a represented 42-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 14, 2003. In a Utilization Review report dated October 28, 2015, the claims administrator failed to approve requests for 8 sessions of individual psychotherapy and 1 urine toxicology screen. The claims administrator referenced an October 15, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 15, 2015 office visit, the applicant reported ongoing issues with low back pain radiating to bilateral lower extremities, 5/10 with medications versus 8/10 without medications. The attending provider stated that the applicant continued to experience issues with depression. The applicant was using a cane to move about, the treating provider reported. The treating provider notes that the applicant was using MS Contin, Norco and Soma, and had been using so for some time. The attending provider contended that the applicant had chronic depression associated with his delayed recovery and that the applicant's mood had worsened following cessation of anti-depressants. The applicant was reportedly using Pristiq, stated in another section of the note. The applicant was still smoking every day. Multiple medications were renewed and/or continued. The applicant had apparently failed a prior spinal cord stimulator implantation, the treating provider reported, and had also undergone earlier failed lumbar laminectomy surgery. The applicant was described as having ongoing tearful episodes. The applicant was described as having seen a psychologist in the past and was receiving ongoing psychological consult, the treating provider reported. The applicant was placed off of work, on total temporary disability, while Pristiq, Norco, Soma, and MS Contin were renewed. Smoking cessation was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Failure.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 309 notes that issues with work stress and person-job fit may be handled effectively with talk therapy with a psychologist, the MTUS Guideline in ACOEM Chapter 15, page 398 qualifies its position by noting that the applicants with more serious mental health illness may need a referral to a psychiatrist for medicine therapy. Here, the applicant was described as having significant issues with depression with associated bouts of tearfulness present on October 15, 2015 office visit at issue. The applicant was using Pristiq, a psychotropic medication. It appeared, thus, the applicant, in fact, had more serious mental health issues which were more amenable to psychotropic medications and psychotherapy, per the MTUS Guideline in ACOEM Chapter 15, page 398. The MTUS Guideline in ACOEM Chapter 15, page 405 further stipulates that an applicant's failure to improve may be the result of an incorrect diagnosis, unrecognized medical or psychosocial conditions, and/or unrecognized psychosocial stressors. Here, all evidence on file pointed to the applicant's having failed to profit from earlier unspecified amounts of psychotherapy over the course of the claim. The applicant remained off of work, the treating provider reported on October 15, 2015. The applicant remained depressed, the treating provider acknowledged. The applicant remained tearful, it was further noted on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of psychotherapy over the course of the claim. Therefore, the request for an additional eight sessions of psychotherapy was not medically necessary.

One urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction, Substance abuse (tolerance, dependence, addiction).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: Similarly, the request for 1 urine toxicology screen (AKA urine drug screen) was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend drug testing as an option in the chronic pain population to assess for the presence or absence of illegal drugs, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of emergency department

drug overdose context, clearly state which drug tests and/or drug panels he intend to test for, and attempt to categorize applicants into higher or lower-risk categories for whom more or less frequent drug testing would be indicated. Here, however, the attending provider did not clearly state when the applicant last tested. There was no mention of the applicant's being a higher or lower risk individual for whom more or less drug testing would have been indicated. The attending provider neither signaled his intention to eschew confirmatory and/or quantitative testing nor signaled his intention to conform to the best practice of the [REDACTED] [REDACTED] when performing drug testing. Since multiple ODG Criteria for pursuit of drug testing were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.