

Case Number:	CM15-0058571		
Date Assigned:	04/03/2015	Date of Injury:	09/10/2010
Decision Date:	05/04/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/27/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on 9/10/2010. He reported injuries from a motor vehicle accident. The injured worker was diagnosed as having left clavicle fracture with open reduction-internal fixation, post-traumatic stress disorder, T10-L1 compression fracture, left shoulder impingement with adhesive capsulitis, left hip contusion. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, medical marijuana and medication management. In progress notes dated 12/10/2014 and 2/23/2015, the injured worker complains of pain, post-traumatic stress disorder, anxiety and depression. The treating physician is requesting medication management once weekly every 6 weeks for 6 months, back depression inventory once weekly every 6 weeks for 6 months and Beck anxiety inventory once weekly every 6 weeks for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 1 time every 6 weeks for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined, as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of follow-up visits is not medically indicated for this chronic injury. The Medication management 1 time every 6 weeks for 6 months is not medically necessary and appropriate.

Back depression inventory 1 time every 6 weeks for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what expectation from evaluation is needed or identified what specific goals are to be obtained from the behavioral health evaluation beyond the multiple medical evaluations by the primary provide to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work; however, guidelines criteria have not been demonstrated in the submitted reports. Current reports have no specific psychological symptom complaints, clinical findings, ADL or functional limitations resulting from these symptoms or diagnostic procedures to support for the multiple continuous extensive psychological testing as it relates to this injury to support for the Psychotherapy evaluation. It appears the patient's symptom complaints are chronic and unchanged without acute flare-up, failed conservative treatment to include medical marijuana and medication management or progressive deterioration in clinical findings to support for ongoing psychological testing without reassessment of treatment benefit for non-specific psychological issues. The Beck depression inventory 1 time every 6 weeks for 6 months is not medically necessary and appropriate.

Beck anxiety inventory 1 time every 6 weeks for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what expectation from evaluation is needed or identified what specific goals are to be obtained from the behavioral health evaluation beyond the multiple medical evaluations by the primary provide to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work; however, guidelines criteria have not been demonstrated in the submitted reports. Current reports have no specific psychological symptom complaints, clinical findings, ADL or functional limitations resulting from these symptoms or diagnostic procedures to support for the multiple continuous extensive psychological testing as it relates to this injury to support for the Psychotherapy evaluation. It appears the patient's symptom complaints are chronic and unchanged without acutre flare-up, failed conservative treatment to include medical marijuana and medication management or progressive deterioration in clinical findings to support for ongoing psychological testing without reassessment of treatment benefit for non-specific psychological issues. The Beck anxiety inventory 1 time every 6 weeks for 6 months is not medically necessary and appropriate.