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| Case Number: | CM15-0083092 | | |
| Date Assigned: | 05/05/2015 | Date of Injury: | 02/01/2011 |
| Decision Date: | 06/12/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 04/30/2015 |

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain, ankle pain, major depressive disorder (MDD), and sleep disturbance reportedly associated with an industrial injury of February 1, 2011. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve requests for 12 sessions of cognitive behavioral therapy and TENS unit electrodes. An April 15, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 15, 2015, 12 sessions of cognitive behavioral therapy and TENS unit electrodes were sought. In an associated progress note of April 15, 2015, the applicant reported 3-5/10 neck pain, tinnitus, and headaches. The applicant stated that she was more depressed. The applicant reported ongoing issues with mood swings. The applicant completed six sessions of cognitive behavioral therapy in the past, it was reported. The applicant had reportedly stopped using Zoloft owing to alleged side effects, it was reported. The applicant was not working, it was acknowledged. The applicant was using a CPAP device for obstructive sleep apnea, it was further noted. The note was difficult to follow and mingled historical issues with current issues. The applicant's headaches and pain complaints were not improved, it was acknowledged. A neurology consultation, cervical MRI imaging, additional cognitive behavioral therapy, and ophthalmology consultation and ENT consultation and permanent work restrictions were endorsed. The applicant was to continue using TENS unit. In an earlier note dated March 11, 2015, the same, unchanged, permanent 24-pound lifting limitation was endorsed while additional cognitive behavioral therapy, and otolaryngology consultation, an ophthalmology consultation, neurology

consultation and a cervical MRI were endorsed. It was stated that the applicant was using topical medications alone. Once again, it was acknowledged that the applicant was not working. Highly variable 3-5/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologist for CBT three (3) times a week for four (4) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398; 405.

Decision rationale: No, the request for 12 sessions of cognitive behavioral therapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious mental health conditions may need referral to a psychiatrist for medicine therapy while applicants with more minor mental health issues can be handled effectively with talk therapy through a psychologist rather than a mental health professional. Here, however, the applicant was off work. The applicant had significant depressive symptoms reported on the most recent office visit of April 15, 2015. The applicant had developed side effects with previously prescribed Zoloft, resulting in discontinuing of the same, it was suggested. All of the foregoing, taken together, suggested that the applicant's mental health issues were, in fact, more serious conditions, which would have been better served through a psychiatry referral as opposed to through continued cognitive behavioral therapy. ACOEM Chapter 15, page 405 also notes an applicant's failure to improve may be due to incorrect diagnoses, unrecognized medical or psychological conditions, or unrecognized psychological stressors. Here, the applicant's heightened depressive symptoms, failure to return to work, and extension of permanent work restrictions from visit to visit, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified cognitive behavioral therapy. Therefore, the request for additional cognitive behavioral therapy was not medically necessary.

TENS electrodes x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for two TENS unit electrodes was likewise not medically necessary, medically appropriate and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial and, by implication, provision of associated supplies is contingent on a favorable

outcome during said one-month trial, with favorable outcomes in terms of both pain relief and function. Here, however, the applicant was off work, it was acknowledged on progress notes of April 15, 2015 and March 11, 2015. The applicant remained dependent on numerous forms of medical treatment, including consultations with several providers, namely an otolaryngologist, ophthalmologist, and neurologist. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of TENS unit. Therefore, the request for a proviso of TENS unit electrodes was not medically necessary.