

Case Number:	CM15-0086985		
Date Assigned:	05/11/2015	Date of Injury:	04/01/2013
Decision Date:	06/11/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/06/2015

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: California

Certification(s)/Specialty: Psychologist

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 35 year old male with an industrial injury dated 4/01/2013. The injured worker's diagnoses include lumbago, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment consisted of lumbar Magnetic Resonance Imaging (MRI), prescribed medications, and periodic follow up visits. In a progress note dated 4/08/2015, the injured worker reported continued and increased right back and leg pain with associated numbness and paresthesia in right posterior leg. The injured worker also reported depression with the denial of suicidal thoughts and was noted to have been seeing a psychologist and psychiatrist on his own. The treating physician reported that the physical exam revealed a change of sensation from light touch in the right L5 and S1 dermatomes, a positive right straight leg raise and a decreased Achilles reflex on the right. Treatment plan consisted of injection, medication management and psychiatric sessions. The treating physician prescribed services for psychiatric sessions 2x/Month x 6 Months, QTY: 12 for depression secondary to chronic pain now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Sessions 2x/Month x 6 Months, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

Decision rationale: Citation summary: Specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medication management. Decision: A request was made for psychiatric sessions 2 times per month for 6 months or the equivalent of 12 sessions. The request was no one certified by utilization review with the following rationale provided: "there is no documentation of functional goals for this treatment, i.e. psychologist for pain management psychotherapy or psychiatrist for medication management. There is also no documentation of any review of psychiatric and psychological records, or a review of records of his diagnosis, symptoms or treatment of Lyme disease. While it is understood that this is a complex diagnosis and that psychological intervention specific to pain management are supported by MTUS guidelines, this request must be understood in the context of his reported chronic pain from Lyme's disease as well as his ongoing (and possible long-term) psychiatric and psychological treatment, which would make a review of records and more specific treatment request with goals necessary in order to process that request. In the absence of that documentation there is no support for the medical necessity of the request for chronic pain psychiatric treatment at this time. The ACOEM/MTUS guidelines do not specify session frequency/duration for psychiatric follow-up. The provided medical records contain very little information with regards to the patient's psychiatric condition in order to support this requested treatment. In general there is insufficient documentation supporting the request including clearly stated rationale for the request with treatment goals and objectives. The request itself is excessive in treatment quantity. Psychiatric treatment rarely needs to be held at a frequent basis of 2 times per month once the patient is stable on medication treatment, which may already be the case as he is receiving treatment outside of the worker's compensation system. Some exceptions to this would include situational crisis or suicidality, schizophrenia etc. The provided documentation does not mention circumstances that would necessitate intensive 6 month long treatment. Even if psychiatric treatment is required on a bimonthly basis, the medical necessity of continuing at that level of frequency should be reassessed after a few months. Because the request is excessive in frequency and poorly supported by submitted documentation, the medical necessity of the request is not established and therefore the utilization review determination is not medically necessary.