

Case Number:	CM14-0123672		
Date Assigned:	08/08/2014	Date of Injury:	10/21/2005
Decision Date:	09/30/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41 year old female with date of injury 10/21/2005. Date of the UR decision was 7/24/2014. A report dated 7/16/2014 suggested that she had been participating in physical therapy twice weekly. It was suggested that she continued to feel depressed although reported feeling better compared to before and was continuing to isolate herself socially. Her mood was reported as sad and affect was appropriate but she was not tearful during the appointment. She denied suicidal ideations per the report. She was given diagnosis of major depressive disorder, recurrent episode, severe with anxious distress, chronic low back pain s/p L4-L5 Laminectomy/discectomy in 2011, chronic bilateral knee pain s/p arthroscopy in 2012 and Amphetamine and Cannabis abuse disorder, in full remission. Medications being prescribed to her per that report were Bupropion XL 300 mg every morning since 6/10/2014, Cyclobenzaprine 5 mg twice daily as needed for spasms and Lisinopril/Hydrochlorothiazide 20/25 mg daily for hypertension. The injured worker requested for counseling according to that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. 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 rationale: The 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. The ODG cognitive behavioral therapy (CBT) guidelines for chronic pain recommend "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)." Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain problems and behavioral interventions are recommended per guidelines. However, the request for Cognitive behavioral therapy x8 exceeds the guideline recommendations for an initial trial. Thus the request is not medically necessary at this time.

Psychiatric evaluation monthly visits for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness, Office Visits, Stress Related Conditions.

Decision rationale: The injured worker was given diagnosis of major depressive disorder, recurrent episode, severe with anxious distress, chronic low back pain s/p L4-L5 Laminectomy/discectomy in 2011, chronic bilateral knee pain s/p arthroscopy in 2012 and Amphetamine and Cannabis abuse disorder, in full remission per report dated 7/16/2014. The medications being prescribed to her per that report were Bupropion XL 300 mg every morning since 6/10/2014, Cyclobenzaprine 5 mg twice daily as needed for spasms and Lisinopril/Hydrochlorothiazide 20/25 mg daily for hypertension. The request for Psychiatric evaluation monthly visits for 6 months is excessive and not medically necessary as the only psychotropic medication being prescribed for her is Bupropion XL 300 mg every morning which has resulted in improvement since 6/10/2014. Injured worker's symptoms and medication regimen do not require such close monitoring or frequent i.e. once monthly follow up appointments. Therefore the request is not medically necessary.