

Case Number:	CM14-0127595		
Date Assigned:	08/15/2014	Date of Injury:	06/19/2006
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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:

This is a 57-year-old male with a 6/19/06 date of injury. The mechanism of injury occurred as a result of carrying heavy items injuring his low back. According to a psychological evaluation report dated 6/19/14, the injured worker reported symptoms of sadness, frustration, anxiety, sleep disturbance, depression, crying episodes, irritability, and anger following his injuries. His symptoms have gradually worsened with time, as his physical and medical condition has not significantly improved. He made a suicide attempt in December 2013. The injured worker stated that he has never received any psychological treatment before. The provider stated that the injured worker is in need of supportive and CBT to help him develop hope, coping skills, and expand his ability to be active and more social in his current life. The injured worker stated that he did not want to see a psychiatrist and was not interested in any psychotropic medications. However, the provider recommended psychiatric visits for possible medications to help treat his depression, anxiety, and sleep disturbances. Diagnostic impression: major depressive disorder, adjustment disorder with mixed anxiety and depressed mood. Treatment to date: medication management, activity modification, surgery. A UR decision dated 7/23/14 modified the requests for individual CBT sessions weekly times 6 months to 4 sessions and psychopharmacology evaluation with follow-up appointments to 4 monthly appointments. Regarding CBT sessions, the claimant is suffering from psychiatric and physical disability due to work related injury and there is enough evidence which proves that psychotherapy is helpful to reduce psychological symptoms and pain. However, the requested sessions seems excessive. Regarding psychopharmacology, the injured worker should be referred to a psychiatrist for psychopharmacology evaluation and determine if he is a candidate for psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual CBT Sessions Weekly X 6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder)." Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. The injured worker has symptoms of sadness, frustration, anxiety, sleep disturbance, depression, crying episodes, and irritability. It is also noted that he made a suicide attempt in December 2013. Guidelines support psychotherapy in this situation. It is noted that the injured worker has not had any prior psychological treatment. However, this is a request for 6 months of weekly therapy, which is excessive. The UR decision dated 7/23/14 modified this request to certify 4 initial sessions. The authorization of additional sessions will require evidence of objective functional improvement. Therefore, the request for Individual CBT sessions weekly x 6 months is not medically necessary.

Psychopharmacology Evaluation with Follow-Up Appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page(s) 127, 156 Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: CA MTUS states that "consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." The provider has recommended psychiatric visits for possible medications to help treat his depression, anxiety, and sleep disturbances. However, the number of visits is not noted in this request. The UR decision dated 7/23/14 modified this request to certify 4 monthly psychopharmacology visits. Periodic and ongoing assessment is necessary for medication management. Therefore, the request for Psychopharmacology evaluation with follow-up appointments is not medically necessary.

