

Case Number:	CM14-0127723		
Date Assigned:	08/15/2014	Date of Injury:	06/26/2003
Decision Date:	10/07/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/11/2014

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 licensed in Psychiatry, has a subspecialty in Child & Adolescent 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 63 year old male who was injured at work on 6/26/2003. The mechanism of injury is not specified. He has suffered chronic low back pain radiating into his right buttock and also to his left leg and foot. He had a right shoulder injury in February 2007 also. He continues to report low back, pain in his lower extremities, as well as right shoulder and neck pain, with tingling in his hands. He is diagnosed with lumbar disc herniations and spinal stenosis, myofascial pain and spasm, right shoulder injury with repair of rotator cuff, chronic low back pain with bilateral leg pain, and neck and right arm/hand pain. Treatment has included physical therapy, pool therapy, paraffin wax, epidural spinal injections, H-wave and TENS treatment, and a home exercise program. He subsequently developed symptoms of depression, secondary to frustration and discouragement with his clinical progress, and has been diagnosed with Major Depression, Moderate, and Psychological Factors Affecting Medical Condition. The 5/12/14 progress report by the treating psychologist reported that the injured worker has persisting symptoms of depression, with sleep difficulty. He has been receiving weekly individual psychotherapy sessions for an unspecified length of time, as well as psychotropic medication management by a psychiatrist. The report recommended that the injured worker receive monthly psychotherapy sessions. He is prescribed the medications Lexapro, Bupropion XL, and Temazepam for his mental health condition. Requests have been made for individual psychotherapy once a week for 20 sessions, and psychotropic medication management once every 3 months for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ind. Psychotherapy once a week x 20 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Behavioral interventions

Decision rationale: MTUS guidelines indicate that cognitive behavioral therapy (CBT) is recommended in the treatment of individuals suffering from chronic pain with associated mental health symptoms. It is most beneficial in reinforcing coping skills for pain relief, as well as in screening individuals with risk factors for delayed recovery, including fear avoidance beliefs. An initial trial of 3 - 4 sessions over 2 weeks is recommended, to be followed by additional sessions up to a 6 - 10 session maximum if there has been evidence of objective functional improvement. The injured worker is diagnosed with Major Depression secondary to chronic pain. He has received an unknown number of sessions of individual psychotherapy to date. The most recent progress report by the treating psychologist dated 5/12/14 recommended once a month sessions, not once a week sessions. It is not known how many sessions the injured worker has already had to date, and there is no documentation indicating any functional improvement. In addition, the number of sessions requested is in excess of the maximum of 10 sessions recommended by the guideline, so that for these reasons the request is not medically necessary.

Psychotropic med. management once every 3 months x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Pain Chapter

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

Decision rationale: MTUS is not applicable. The ODG indicate that psychotropic medication management is an important component of the overall treatment plan for individuals who are suffering from mental health symptoms. The recommendations for medication management appointments are that the frequency and duration of appointments is determined by the severity of symptoms, whether a referral for testing has been made, if psychotherapy is involved, if there are missed days of work, and to monitor the clinical efficacy of medication response, make any necessary medication adjustments, and monitor for any adverse side effects. The injured worker is diagnosed with Major Depression and has been receiving psychotropic medications for several years. He is prescribed a combination of medications which does require periodic follow-up in order to provide safe quality of care. Based on the 5/12/14 progress report by the treating psychologist, the injured worker has persisting symptoms of Major Depression, and has obtained clinical benefit from the prescribed psychotropic medication prescribed by the treating

psychiatrist. The request is for follow-up office visits once every 3 months, which based on the most recent clinical status would be appropriate to be scheduled up to one year in advance. However, future follow-up appointments after one year may not need to be scheduled on the same time schedule, as the recommended schedule at that time should be determined by the clinical progress documented objectively. Therefore, the request for 6 medication management appointments every 3 months would be premature at this time, and is not medically necessary on that basis.