

Case Number:	CM14-0129950		
Date Assigned:	08/20/2014	Date of Injury:	09/06/2006
Decision Date:	10/09/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/14/2014

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:

Injured worker is a male with date of injury 09/06/2006. Date of the UR decision was 08/11/2014. The injury occurred when he was going for a service call and was about to enter an intersection when a van struck his car broadside. He thought his car spun, but witnesses in said the car did not spin. He states he lost consciousness for a short period of time, his next recall is tingling on the right side of his face as well as pain in the left face which he believes struck the window. He started experiencing chronic neck and back pain after the accident. He underwent treatment in form of physical therapy, epidural steroid injections, lumbar spine fusion surgery, massage therapy, TENS unit, medication treatment. Report dated 7/3/2014 suggested that he was not deemed psychologically fit to undergo a spinal cord stimulator trial as he displayed levels of pain sensitivity, somatoform preoccupation, depression, and anxiety of sufficient proportions to place him at risk of displaying an extremely negative psychological reaction to any invasive medical procedure. He was diagnosed with condition as the combination of Unspecified Depressive and Anxiety Disorders. Five objective standardized tests were administered on 7/3/2014 in order to more accurately diagnose his psychiatric condition. Beck Depression Inventory-II yielded a score of 27, indicating that he reported moderately severe levels of clinical depression. Beck Anxiety inventory responses yielded a score of 20, indicating borderline to moderately severe levels of clinical anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends 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 would be a good candidate for psychotherapy treatment for chronic pain. However, the request for Psychotherapy sessions #6 exceeds the initial trial per the guidelines and is not medically necessary.

Med follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: TWC evaluation and management

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: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The submitted documentation does not suggest that the injured worker has been prescribed any psychotropic medications that would require follow up. Thus the request for med follow is not medically necessary.

