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| Case Number: | CM14-0167835 | | |
| Date Assigned: | 10/15/2014 | Date of Injury: | 07/16/1991 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Physical Medicine & Rehabilitation 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 65-year-old female who sustained an injury on 7/16/91. As per 9/24/14 report, she reported improved mobility in her neck following cervical RF on 8/26/14, but had occasional burning in her shoulders. Exam revealed improved cervical ROM, mild spasms, anterior scar from previous surgical fusion surgery, and diminished sensations to the right medial and lateral forearm. C-spine MRI from February 2014 revealed previous anterior fusion Involving C6-7 levels with straightening of cervical lordosis, no recurrent protrusion/central stenosis and degenerative changes with asymmetric right foraminal narrowing involving the proximal cervical spine. Past surgeries included c-spine fusion, carpal tunnel release and left shoulder arthroscopy. She was on Nucynta for pain but stopped it recently. She is taking Tylenol for pain now and her other medications from psychiatrist include Cymbalta, Xanax, Abilify, and Trazodone. She was on Temazepam, but not anymore and reported increased depression and difficulty to sleep without it. She had cervical medial branch block on 6/24/14 with 100% temporary pain relief with improved mobility. She has had 6 sessions of psychotherapy in 2014. She has had 5 visits between July 2013 and December 2013. It was indicated that the functional improvement from her visits was manifested by the fact that she was not so severely depressed as to want to commit suicide. Her sleep has improved with her current medication regimen and she has learned coping skills that allow her to deal with her pain and she continues to benefit from the sessions on an ongoing basis, which is needed as there is no cure for her pain and 12 visits a year have been requested. Diagnoses include post-laminectomy syndrome, cervical and DDD, cervical and her psychological diagnoses include bipolar disorder type II, pain disorder associated with general medical condition and with psychological factors, somatoform disorder, and dysthymic disorder. The request for Psychotherapy sessions was

denied and unknown prescription of Abilify 5mg was modified to 1 prescription of Abilify 5mg #48 on 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions: Upheld

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

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

Decision rationale: Per CA MTUS/ACOEM guidelines do not address the issue. Per ODG, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen 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 a 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). In this case, the IW is noted to have learned coping skills that allow her to deal with her pain. Also, the records indicate that the IW has had 5 sessions of psychotherapy in 2013 and 6 sessions of psychotherapy in 2014, total of 11 sessions. Additional therapy sessions would exceed the guidelines recommendation. Therefore, the request is not medically necessary per guidelines.

Abilify 5mg #48: 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), Mental Illness & Stress

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 and Stress.

Decision rationale: CA MTUS /ACOEM guidelines do not address the issue. Per ODG, Abilify is an antipsychotic medication which is considered first line therapy for schizophrenia, but is not recommended as first line therapy in the treatment of depression. The records indicate that the IW has depression and has been taking cymbalta. Therefore, the request is not medically necessary per guidelines and submitted medical records.

12 monthly follow up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examiner and Consultation

Decision rationale: As per CA MTUS/ACOEM guidelines, "the occupational 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." Further guidelines indicate consultation is recommended to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, there is no mention of any specific reason for and the type of follow up. It is not clear as to why 12 monthly follow ups has been requested. Furthermore, the determination was non-certification with respect to psychotherapy. Therefore, the request is considered not medically necessary due to lack of documentation.