

Case Number:	CM14-0106894		
Date Assigned:	09/16/2014	Date of Injury:	01/22/2003
Decision Date:	06/29/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 female whose date of injury is 01/22/03. The patient is experiencing a recurrence of depression manifested by feelings of hopelessness and feeling that life is not worth living. She previously completed a course of 12 psychotherapy sessions in 2011 which were successful, and completed an additional 5 sessions as of 09/12/14. On 02/28/14 she was evaluated by her psychologist, [REDACTED], for depression. She was noted to be frustrated in relation to her pain. UR of 03/03/15 modified a request for 10 additional psychotherapy sessions to six, and there is no documentation showing how many of those have been provided. Current diagnoses include neck pain, depression, and adjustment disorder with anxiety. Medications include Lexapro, Oxycontin, Trental, Mirapex, and ibuprofen. The most recent progress report of 04/07/15 from Dr. Snook noted that the patient continues to suffer from pain in the legs, upper back, and neck up to 10/10. It radiates to the left arm, calf, foot, ankle, bilateral thighs, head, and ears. There was meaningful improvement in pain, she was able to work for a few hours per day and be active for around 5 hours a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to psychologist for follow up and 12 treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Psychotherapy Guidelines section, Mental Illness and Stress section, and Pain (Chronic) section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs.ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The patient received 12 sessions which were successful in 2011. She experienced a relapse in her depression, and completed an additional 5 sessions as of 09/12/14. On 03/03/15 a request for 10 sessions was modified to 6 psychotherapy sessions. The gold standard for treatment of depressive disorders is psychotherapy with medications (the patient is on Lexapro), and this would be considered medically necessary given the reported severity of her depressive symptoms. However, documentation was not provided as to how many of those 6 certified sessions have been used to date. This request is not medically necessary.

Lexapro 10mg, #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) SSRIs (selective serotonin reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 16 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. Lexapro is an SSRI antidepressant, which is a first line agent in the treatment of depression. As the patient continues to suffer from symptoms of depression this medication is considered to be medically necessary. This request is medically necessary.