

Case Number:	CM14-0211897		
Date Assigned:	12/24/2014	Date of Injury:	08/30/2012
Decision Date:	02/27/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/17/2014

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
 Certification(s)/Specialty: Psychologist

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 47 year-old male (██████████) with a date of injury of 8/30/2012. The injured worker sustained injury to his back and shoulder when he fell from a ladder while working as a Jumper Runner/Telecommunications Technician for ██████████. He has been diagnosed with: Cervical spine musculoligamentous injury without discopathy; Lumbar spine musculoligamentous injury with discopathy; Lumbar spine herniated nucleus pulposus and radiculitis to the left lower extremity, discogenic lower back pain; Left shoulder impingement syndrome, left shoulder trapezial myofascitis; Right hand laceration (healed); and Left knee sprain. He has been treated with medications, chiropractic, physical therapy, subacromial injections of cortisone, and a home exercise program. It is also reported that the injured worker developed psychological/psychiatric symptoms secondary to his work-related orthopedic injuries. He completed a pain management psych evaluation with ██████████ on 8/11/14 and was diagnosed with: PTSD and Adjustment disorder with mixed anxiety and depressed mood due to chronic pain, secondary to industrially related injury. In that report, ██████████ recommended "psychological treatment in the form of psychotherapy for stress reduction and assistance in coping mechanism to more adequately deal with pain." The injured worker subsequently completed a psychiatric evaluation with ██████████ on 10/29/2014 and was diagnosed with: Unspecified depressive disorder and Generalized anxiety disorder. ██████████ recommended follow-up psychotherapy services as well as continued medication management. The requests under review are based on ██████████ recommendations and are for 20 weekly psychotherapy sessions and 6 monthly medication management sessions, which were denied by

UR on 12/9/2014. UR did however modify the request and authorize 8 weekly psychotherapy sessions and 3 monthly medication management appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy- 20sessions weekly: 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

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 Chapter.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in August 2012. He has also developed psychological symptoms related to depression and anxiety, but has yet to receive any psychological/psychiatric treatment. The ODG recommends an "initial trial of 6 visits over 6 weeks." Based on this guideline, the request for an initial 20 sessions exceeds the recommended number of initial sessions. As a result, the request for "Psychotherapy- 20 sessions weekly" is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 8 sessions in response to this request.

Medication management- 6 Sessions monthly: 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

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 Chapter.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in August 2012. He has also developed psychological symptoms related to depression and anxiety, but has yet to receive any psychological/psychiatric treatment. Although the injured worker is in need for psychotropic medications per [REDACTED] report, the request for an initial 6 monthly office visits appears too long of a duration and does not allow for a reasonable time period for reassessment. The ODG states, "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." Given this information and the fact that the injured worker is beginning psychotropic medications, the request for "Medication management- 6 Sessions monthly" is not medically necessary. It is noted that the injured worker received a modified authorization for an initial 3 medication management sessions in response to this request.