

Case Number:	CM14-0213154		
Date Assigned:	12/30/2014	Date of Injury:	03/08/2010
Decision Date:	02/28/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/19/2014

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, Arizona, Maryland
Certification(s)/Specialty: 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:

Injured worker is a 48 year old female with date of injury 03/08/2010. She suffers from pain in the bilateral arms, bilateral shoulders, bilateral elbows, and bilateral hands secondary to an industrial injury which resulted in psychological injury over the course of time. Per report dated 12/23/2014, the injured worker was being treated for Reflex Sympathetic Dystrophy of right upper limb, carpal tunnel syndrome, Insomnia and Depression. She was continued on medications (Tylenol #3, Cymbalta 120 mg at bedtime, Gabapentin, and Ambien 10 mg at bedtime) and was advised to restrict short-acting opioid use to an as-needed basis only and to continue with ranging exercises for the right shoulder on a daily basis. Per report dated 11/17/2014 she scored a 22 which indicates severe depression on PHQ-9 depression screening. Psychological counseling 12 visits and Consult and 6 visits with psychiatrist were recommended per the treatment plan. It has been documented that the injured worker has undergone treatment with psychotherapy, however there is no clear mention of how many sessions she has completed so far or any evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy- Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression.

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 has undergone treatment with psychotherapy, however there is no clear mention of how many sessions she has completed so far or any evidence of objective functional improvement. The request for Psychological counseling 12 sessions is excessive and not medically necessary based on the lack of information regarding the past psychotherapy treatment.

Treatment with psychiatrist, six visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy- Psychological Treatment.

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. "Injured worker has been diagnosed with Depressive disorder NOS and Insomnia and is being prescribed Tylenol #3, Cymbalta 120 mg at bedtime, Gabapentin, and Ambien 10 mg at bedtime. The request for

treatment with psychiatrist, six visits is excessive and not medically necessary. There is no clinical indication for the need for 6 visits with a Psychiatrist. It is to be noted that the UR physician authorized initial consult with a Psychiatrist and additional visits to be decided based on the treatment recommendations from the initial consult with a Psychiatrist.