

Case Number:	CM14-0216118		
Date Assigned:	01/06/2015	Date of Injury:	09/10/2010
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/24/2014

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 51 year old male who sustained multiple injuries as related to a motor vehicle accident, work related, on September 10, 2010. Past medical history included diagnoses of hypertension and PTSD, anxiety/depression since accident. According to an orthopedic surgeons report dated March 26, 2014, the past history included an open reduction and internal fixation of the left clavicle December 2010 and chronic compression fracture T10 vertebral body. Diagnoses were noted in May 2011 of status post severe motor vehicle accident, sprain/strain of the cervical spine, compression fracture T10 with 50% loss of disc height, lumbar compression fracture of L1 with approximately 30% loss of disc height, significant spinal deconditioning, meralgia paresthetica, left shoulder impingement syndrome, rotator cuff tendinosis, numbness of the left arm, and two cracked teeth deferred. He was referred for pain management evaluation and aggressive physical therapy. According to a pain management reevaluation follow-up visit dated November 17, 2014, the injured worker stated he was prescribed Xanax and is sleeping better due to less anxiety. He complains of continued mid-low back and shoulder pain. Range of motion is limited in the left arm and the left side is constantly numb. He currently uses a cane for ambulation. On examination he was sitting in a chair complaining of on going back pain to left side. There is severe low back pain at lower T spine as well as back/left leg pain to mid-calf due to spine pathology. Radicular and facet pain present on T and L spine. Treatment plan included discussion and agreement for medical management for prescribed medications, regular home exercise program, baseline drug screening, and continued follow-up with primary care and psych physicians. A request for authorization was made November 7, 2014 for psychotherapy, Beck

anxiety and depression inventory and medical management for the treatment of post-traumatic stress disorder by treating physician. According to utilization review performed December 15, 2014, psychotherapy 1 time a week for 24 weeks (24 visits); Beck anxiety inventory 1 time every 6 weeks x 24 visits; Beck depression inventory 1 time every 6 weeks x 24 weeks; and medication management 1 time every 6 weeks x 24 weeks have all been partially certified. Regarding psychotherapy and citing MTUS guidelines, it is recommended for appropriately identified injured workers during treatment for chronic pain. Citing Official Disability Guidelines (ODG), up to 13-20 visits over 7-20 weeks (individual sessions) is recommended. Based on documentation and current symptoms a short course of 6 sessions of psychotherapy is recommended and partially certified. For ongoing services documentation must be provided that suggests the need for further services versus discharge back to an independent program. Regarding Beck anxiety and depression inventories and citing MTUS guidelines recommend psychological evaluations. Citing Official Disability Guidelines (ODG), a Beck Depression Inventory-2nd edition (BDI-II) as a first line option psychological test in the assessment of chronic pain patients is recommended. Documentation revealed in the light of new medications prescribed, repeat Beck anxiety and depression inventories is medically necessary to examine the effectiveness of the treatment plan. Therefore, partial certification of 1 Beck anxiety and depression inventory is certified. Regarding medical management and citing MTUS ACOEM a specialty referral may be necessary when there is significant psychopathology or serious medical comorbidities. Official Disability Guidelines (ODG) states the need for a clinical office visit with a health care provider is based on patients concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Given two new medications, two follow-up visits over three months are medically necessary for monitoring and adjustments of dosage and therefor partially certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy once a week for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (updated 11/19/14), Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive therapy for PTSD, Official disability Guidelines (ODG), Psychotherapy

Decision rationale: Based on the review of the medical records, the injured worker has been treated in the past for PTSD with improvements demonstrated. It is reported that he discontinued treatment in July of 2014 however, it was recommended in a QME report that he resume therapy due to lingering symptoms. Resuming psychotherapy for the treatment of the injured worker's PTSD symptoms appears reasonable however, the request for an additional 24 sessions is excessive. As a result, the request for psychotherapy once a week for 24 weeks is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 6 psychotherapy sessions in response of this request.

Beck anxiety inventory once every six weeks for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (updated 11/19/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BDI - II (Beck Depression Inventory-2nd edition)

Decision rationale: Based on the review of the medical records, the injured worker has received psychological treatment for his PTSD. As part of the treatment, the administration of the BAI (Beck Anxiety Inventory) has been given to assess the injured worker's symptoms over the course of treatment. Although the administration of the BAI is helpful and provides objective information, the request for the administration of the BAI once every six weeks for 24 weeks is excessive. As a result, the request is not medically necessary. It is noted that the injured worker did receive a modified authorization of 1 administration of the BAI over 6 weeks in response to this request.

Beck depression inventory once every 6 weeks for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (updated 11/19/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation BDI - II (Beck Depression Inventory-2nd edition)

Decision rationale: Based on the review of the medical records, the injured worker has received psychological treatment for his PTSD. As part of the treatment, the administration of the BDI (Beck Depression Inventory) has been given to assess the injured worker's symptoms over the course of treatment. Although the administration of the BDI is helpful and provides objective information, the request for the administration of the BDI once every six weeks for 24 weeks is excessive. As a result, the request is not medically necessary. It is noted that the injured worker did receive a modified authorization of 1 administration of the BDI over 6 weeks in response to this request.

Medication management once every 6 weeks for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (updated 11/19/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Office visits.

Decision rationale: Based on the review of the medical records, the injured worker has been treated in the past both psychologically and and psychiatrically for PTSD with improvements demonstrated. Due to ongoing symptoms of his PTSD, it was recommended that the injured worker continue receiving psychotropic medications. The continuation of medication management visits is reasonable however, the request for visits every 6 weeks for 24 weeks is excessive. As a result, the request for medication management once every 6 weeks for 24 weeks is not medically necessary. It is noted that the injured worker received a modified authorization for 1 medication management visit every 6 weeks for 12 weeks in response to this request.