

Case Number:	CM14-0217040		
Date Assigned:	01/06/2015	Date of Injury:	01/04/2010
Decision Date:	03/03/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/29/2014

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:

This is a 60 year old male whose date of injury is 1/4/2010 as the result of cumulative trauma due to a non-ergonomic work station, resulting in injuries to his back, neck, right shoulder, and right upper extremity. He was temporarily totally disabled in 2010 for three months and has subsequent chronic pain and physical impairment. Treatment has included oral medications, massage, chiropractic, acupuncture, and psychiatric therapy. Physician notes dated 7/24/2014 state that the worker had been diagnosed by an orthopedic surgeon with disc protrusions at L1, L4, and S5 as well as nerve damage in both arms. He currently calls the pain distracting and limiting. He experienced stress and irritability, ultimately progressing to anxiety and panic. He was given the diagnoses of major depressive disorder and panic disorder without agoraphobia. At that point he had received 10 sessions of psychotherapy, a psychiatric evaluation, and medication management. Medications included Cymbalta 60mg and Zolpidem 10mg for sleep. It was reported that in 2013 his Beck Anxiety and Depression Inventories were 32 and 21. On this date they were 23 and 16 respectively, scores which are considered moderate for anxiety and depression. Physician notes dated on 10/8/2014 there was a supplemental medical-legal evaluation. The patient had continued active employment and stated that he believed his musculoskeletal and psychiatric difficulties were worsening due to the increase in his workload. The recommendation at that point was for dissolution of his relationship with the defendant, seek intermittent psychotherapy upon acute exacerbation of symptoms to maintain functioning and prevent psychiatric deterioration as he continues to work full time. Recommendations included seeking relief of his psychological symptoms through his private insurance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy x 2: O v e r t u r n e d

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress Cognitive Therapy for Depression

Decision rationale: The patient suffers from major depressive disorder and panic disorder without agoraphobia. To date he has received 10 CBT sessions with functional improvement noted in reduction of his Beck Anxiety and Depression inventories between 2013 and 07/24/14. CBT with medication management has been the "gold standard" for treatment of major depression, and for panic disorder CBT is more effective and cost-effective than medication. As this patient has shown functional improvement, and equally important he has remained actively employed, there is merit in allowing him to have a limited number of psychotherapy on an episodic basis. As such this request for Cognitive Behavior Therapy is medically necessary.

Medication follow-up visit x 1: O v e r t u r n e d

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient is prescribed Cymbalta for major depressive disorder and Zolpidem for sleep. In addition, he is taking pain medication (albeit per his report sporadically during the month). Monitoring medications for efficacy, drug:drug interactions, and side effects is an essential component of the delivery of good medical care in an effort to sustain his ADL's, prevent psychiatric deterioration, and allow him to remain a functioning member of his work environment. As such the request for a Medication follow up visit x 1 is medically necessary.