

Case Number:	CM15-0173771		
Date Assigned:	09/15/2015	Date of Injury:	07/17/2005
Decision Date:	10/19/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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 57 year old male, who sustained an industrial injury on July 17, 2005. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, lumbar radiculopathy, post-laminectomy pain syndrome-lumbar, generalized anxiety disorder and major depressive disorder-single episode. Psychiatric disability status was noted to be temporarily partially disabled. Current documentation dated June 22, 2015 notes that the injured worker was still vulnerable to anxiety and had phobic symptoms in stores. The injured worker also noted being fearful of constant pain. Objective findings noted that the injured worker had a slow and monotone speech, good eye contact, expressed his worries and had a constricted range of affect. The injured worker denied suicidal ideation. Psychotherapy focused on the injured workers decision making capacity regarding his legal case and budgeting to remain on some of his medications. Treatment and evaluation to date has included medications, spinal cord stimulator, individual psychological sessions (2) and two lumbar fusion surgeries. Treatments tried and failed include physical therapy, non-steroidal anti-inflammatory drugs, muscle relaxants and opiates. Current medications include Cymbalta, Gabapentin, Clonazepam and Lunesta. The treating physician noted that the injured worker required additional psychotherapy sessions given his fragility, his ongoing need for supervision of his psychiatric medications and for weaning off of opioids and the psychiatric effects of the process. The treating physician's request for authorization dated June 22, 2015 included a request for individual psychological sessions times four. The Utilization Review documentation dated August 28, 2015 non-certified the request for individual psychological sessions times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychological sessions x 4: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: A request was made for four psychotherapy treatment sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "there is no evidence in the record to support the efficacy of the current treatment plan as the claimant continues to complain of phobias and outgoing symptomology." The standard medicine for tapering Klonopin is reduction by 1 mg per day. Klonopin is very long and, as a result, can remain in the body for as long as one month, and the body can maintain therapeutic levels for approximately one week. The medication remains an assistant due to a very long half-life. The body in essence detoxes itself. In the four months since the last request made by the provider, [REDACTED] indicates only a half milligram reduction in dosage. This is much slower than the medically accepted protocol for Klonopin detox. This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. According to a psychological treatment progress note PR-two from the patient's primary treating psychiatrist, from April 15, 2015 the session was consisting of a discussion of continued tapering of the medication Klonopin. According to a similar treatment progress note from June 22, 2015 it is noted that the patient is being weaned off of opiate medication as well as the benzodiazepine and that additional sessions are being requested given the patient's "fragility and ongoing need to supervise psychiatric medications and now been went from opiates and the psychiatric effects of that process." A third treatment progress note from August 11, 2015 was found continuing to discuss the changes in medication from Percocet to Narco with a further notation of having him wean off of the Narco and consideration on whether he's a candidate for Suboxone detoxification. There is a request for continued psychiatric sessions to address psychiatric illness and opiate withdrawal and benzodiazepine withdrawal. The request itself is confusing as the request is for psychological treatment but it appears to be more about psychiatric medication withdrawal. The medical records and narration from the requesting and treating provider relate to psychiatric treatment rather than psychological treatment. This request is specifically listed as psychological treatment rather than psychiatric care. However it is noted that some psychiatrists do provide psychological care and in this case that appears to be what is

being requested. Any future request should be better clarified. No information was provided with regards to how much psychiatric treatment the patient has received to date. It appears that the request for continued assistance with detoxification has been going on for most of 2015. There is been very small noted progress in that process namely the reduction of 0.5 mg of Benzodiazepine and a switch from Percocet to Narco. The request for continued psychological report during the process of detoxification is understandable and reasonable and medically appropriate. However, a timeframe needs to be followed for the completion of this process. The request for four additional sessions appears to be medically appropriate and reasonable; however, the sessions should be used to complete whatever detoxification support is needed, to the extent that is possible. Indefinite psychological support for detoxification is not appropriate or supported on an industrial basis per industrial guidelines Session frequency can be used at longer intervals of time to facilitate his transition to independent functioning from a psychiatric perspective. Whatever plans need to be made in order to facilitate the transition to independent psychiatric functioning should be completed and discussed during these four sessions. Therefore, because the medical necessity of request is established the UR decision is overturned and the 4 sessions approved. Therefore, the requested treatment is medically necessary.