

Case Number:	CM15-0178026		
Date Assigned:	09/18/2015	Date of Injury:	05/19/2014
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 57 year old male who reported an industrial injury on 5-19-2014. His diagnoses, and or impressions, were noted to include: episode of mental-clinical disorder; depressive disorder; cognitive disorder; alcohol abuse; moderate severity of psychosocial stressors; and physical disorders and conditions. His treatments were noted to include: a qualified medical evaluation on 6-12-2015; Psychiatric evaluation and treatment; cognitive behavioral therapy; medication management; diagnostic computed tomography of the lumbar spine (3-12-15), magnetic resonance imaging studies of the lumbar spine (1-20-15) and electrodiagnostic studies of the bilateral upper extremities (10-7-14) and lower extremities (12-16-14); a residential alcohol rehabilitation program x 30 days; injection therapy; and medication management. The psychiatric progress notes of 7-17-2015 reported a re-evaluation for behavioral pain management for unchanged pain since his injury, rated a 7 out of 10, in his head and neck; as well as reporting feelings of sadness, low self-esteem, a loss of pleasure in participating in usual activities, social avoidance, sleep disturbance, and appetite changes, with the denial of suicidal ideation. Also reported was a recent, self-admission to a 30 day alcohol treatment facility for self-medication with alcohol, his attendance of "AA" meetings and his intent to continue with intensive therapy, which followed his not having a job, resulting in his description of significant decline in his family relationships, worsening writing and of feeling overwhelmed and confused, which caused anxiety with nightmares and panic attacks. Objective findings were noted to include: soft speech with depressed mood and restricted affect; the denial of suicidal ideation; fair recent memory; good impulse control; significant deficits in ability to

express coherent and rational thoughts; difficulty with activities of daily living; adherence to treatment-medication protocols; that he was motivated to complete all assigned therapeutic homework assignments; that he was not on any psychotropic medications; that his psychological condition remained guarded and correlated with his head and neck injury pain state, with functional limitations, but that it was expected his psychological condition to show steady improvement; and that following his initial trial 3-4 of Cognitive Behavioral Therapy sessions, he was eligible for an additional 6-10 visits over 5-6 weeks, with evidence of objective functional improvement. The physician's requests for treatments were noted to include additional cognitive Behavioral Therapy sessions. The Request for Authorization, dated 7-29-2015, was noted to include 4 office visits, 1 x per 6-8 weeks, over course of six months. The Utilization Review of 8-14-2015 non-certified the request for 4 Psychiatric Office visits, 1 every 6-8 weeks over 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consult with 4 office visits 1 times per 6-8 weeks over course 6 months:

Overtured

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: The California chronic pain medical treatment guidelines section on psychological treatment states: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short- term effect on pain interference and long-term effect on return to work. The following "stepped- care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006)

(Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Psychological treatment in particular cognitive behavioral therapy has been found to be particularly effective in the treatment of chronic pain. As this patient has continued ongoing pain and anxiety, this service is indicated per the California MTUS and thus is medically necessary.