

Case Number:	CM15-0178798		
Date Assigned:	10/07/2015	Date of Injury:	04/17/2015
Decision Date:	12/16/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: New York, California
 Certification(s)/Specialty: Emergency Medicine

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 23 year old female with a date of injury on 4-17-15. A review of the medical records indicates the injured worker is undergoing treatment for back and neck pain and emotional stress secondary to injury. She was diagnosed with a compression fracture of the T12 vertebrae. Progress report dated 6-15-15 reports continued complaints of chronic pain in her mid to low back as well as emotional stress, anxiety and depression. She reports her depression as moderate with improvement in crying spells over the last 2 weeks. She reports feelings of agitation and low self esteem due to functional limitations. She reports her anxiety as severe with racing thoughts, nightmares and random scenarios involving betrayal. She has frequent dizzy spells and worries she will lose her vision. Beck depression inventory score was 18 indicating mild to moderate. Beck anxiety inventory score was 20 indicating moderate anxiety. Request for authorization dated 8-5-15 was made for consultation with a neurologist (dizziness, visual complaint), Cognitive behavior therapy 10 sessions (posttraumatic stress, hyperkinetic syndrome, panic disorder), Beck anxiety inventory once every 6 weeks, Beck depression inventory once every 6 weeks and medication management once per month. Utilization review dated 8-13-15 non-certified neurologist consult and cognitive behavior therapy and gave partial certification for Beck anxiety inventory 1 time over three months, Beck depression inventory 1 time over 3 months and medication management once per month for times 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a neurologist (dizziness/visual complaint): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Office Visit.

Decision rationale: CA MTUS is silent on this issue. The above cited guideline states "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 submitted documentation does not discuss and signs, symptoms, or differential diagnosis to support the request for a neurology consultation. There is not a thorough neurologic examination documented in the submitted records. The IW reports episodes of dizziness and vision changes, but there is little discussion of these events. There is no description of these events or discussion of symptoms. It is unclear diagnoses are considered to justify the referral. Without supporting documentation, the request for a neurologist consultation is not medically necessary.

Cognitive- behavioral therapy x 10 (post traumatic stress, hyperkinetic syndrome, panic disorder): Upheld

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): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: cognitive behavioral therapy.

Decision rationale: According to CA MTUS guidelines, cognitive behavior therapy is "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. ODG guidelines, "Recommend screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ) in the Low Back Chapter. Initial therapy for these at risk patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone." Further guidelines state "Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early

and alternative treatment strategies can be pursued if appropriate.); In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Documentation does not support the IW has had any physical medicine treatments such as physical therapy or chiropractic care. The request does not discuss the length of time for the requested 10 sessions. It is unclear from the documentation why cognitive behavioral therapy is being requested as a modality of treatment. Without clarity of the documentation or adherence to the guidelines, the request is not medically necessary.

Beck anxiety inventory, once every 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: cognitive behavioral therapy and Other Medical Treatment Guidelines
<http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/beck-depression.aspx>.

Decision rationale: The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961). The BDI has been developed in different forms, including several computerized forms, a card form (May, Urquhart, Tarran, 1969, cited in Groth-Marnat, 1990), the 13-item short form and the more recent BDI-11 by Beck, Steer & Brown, 1996. (See Steer, Rissmiller & Beck, 2000 for information on the clinical utility of the BDI-11.) The BDI takes approximately 10 minutes to complete, although clients require a fifth - sixth grade reading level to adequately understand the questions (Groth-Marnat, 1990). ODG guidelines state, "Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)" It is unclear from the documentation the frequency of cognitive behavioral treatment sessions being requested. The request for the Beck assessment is for one test every 6 weeks. There is not a total number of tests being requested. Without a limitation, this request assumes an unlimited number of assessments. Guidelines limit the recommended number of sessions. Without clear documentation of a request or adherence to the guidelines, the request is not medically necessary.

Beck depression inventory, once every 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: cognitive behavioral therapy and Other Medical Treatment Guidelines

<http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/beck-depression.aspx>.

Decision rationale: The Beck Depression Inventory (BDI) is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961). The BDI has been developed in different forms, including several computerized forms, a card form (May, Urquhart, Tarran, 1969, cited in Groth-Marnat, 1990), the 13-item short form and the more recent BDI-11 by Beck, Steer & Brown, 1996. (See Steer, Rissmiller & Beck, 2000 for information on the clinical utility of the BDI-11.) The BDI takes approximately 10 minutes to complete, although clients require a fifth - sixth grade reading level to adequately understand the questions (Groth-Marnat, 1990). ODG guidelines state, "Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)" It is unclear from the documentation the frequency of cognitive behavioral treatment sessions being requested. The request for the Beck assessment is for one test every 6 weeks. There is not a total number of tests being requested. Without a limitation, this request assumes an unlimited number of assessments. Guidelines limit the recommended number of sessions. Without clear documentation of a request or adherence to the guidelines, the request is not medically necessary.

Medication management, once a month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Medication adjustment office visit.

Decision rationale: CA MTUS is silent on this topic. ODG recommend outpatient visits to be recommended but states it should be individualized to patients based on their medical needs. 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 submitted request is for monthly medication management. This request is open ended and suggests an unlimited number of appointments. Without a clear understanding of the IW needs, a monthly sessions to manage psychotropic medications without limitation while also requesting initiation of other mental health treatments is not medically necessary.