

Case Number:	CM15-0069502		
Date Assigned:	04/17/2015	Date of Injury:	05/03/1985
Decision Date:	05/21/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/13/2015

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, 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:

The injured worker is a 62 year old male whose date of injury is 05/03/1985 after lifting a broken garage. Diagnosis includes major depressive disorder secondary to general medical condition. He has felt depressed for the last approximately 8 years. He has chronic intractable low back pain with L2-L3 disk herniation with left lower extremity hyperalgesia (R>L). He has had multiple back and shoulder surgeries, and has been off work since 1998 after an L5-S1 fusion. Other treatments have included physical therapy and pain management. He is currently prescribed Tylenol with codeine #4. He was diagnosed with bladder cancer, hypertension, diabetes, and Meniere's disease. He suffers from chronic right shoulder pain. A psychiatric progress note of 02/25/2015 shows that he continues to report feelings of depression including not wanting to be around or talk to others, hopelessness, helplessness, low energy and concentration, lack of sexual desire, and weight gain up to 220lbs. He walks with a cane, and indicated that his back pain limits his activities. Objectively mood is depressed, affect tearful. He did not wish to take an antidepressant but agreed to Fetzima. Around 3 years ago he went for psychiatric treatment 2-3 times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 12 visits, once a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 24 of 127.

Decision rationale: The patient suffers from major depressive disorder with chronic pain. He sought psychiatric help 2-3 times some 3 years ago, however the outcome of that was not provided in records reviewed. Per MTUS, behavioral interventions are recommended with an initial trial of 3-4 visits followed by an assessment for objective functional improvement prior to certifying further sessions. Requesting an initial 12 sessions is not reasonable and does not comply with guidelines, as such it is noncertified.

Medication Management 99215 6 visits, once a month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS 2009 is silent regarding medication management. Official Disability Guidelines Mental Illness & Stress Office Visits.

Decision rationale: This patient declined an antidepressant but agreed to Fetzima. He is on the pain medication Tylenol with codeine #4. Office visits are essential while a patient is on medications to monitor for side effects, efficacy, drug: drug interactions, clinical stability and any changes in the patient's status, etc. However, the frequency and number of these visits is based on the individual and what medication the patient is prescribed as some require closer monitoring than others, what the patient's current condition is, etc. A set number or frequency of office visits cannot be predetermined. This request is therefore noncertified.