

<b>Case Number:</b>	CM15-0074015		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	09/20/2002
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: 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 55-year-old male with an industrial injury dated September 20, 2002. The injured worker diagnoses include post laminectomy cervical syndrome. He has been treated with prescribed medications and periodic follow up visits. According to the progress note dated 3/27/2015, the injured worker reported constant neck pain worse with repetitive use of upper extremities. The injured worker also reported bilateral upper extremity pain, stronger on the right than left, radiating to the medial aspect of the forearm down to the fourth and fifth digits. Objective findings revealed antalgic gait and decrease painful range of motion of cervical spine. The treating physician prescribed services for 12 psychology visits, 12 psychiatrist office visits, and Morphine Sulfate ER 30mg #270.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 psychology visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Upon review of the submitted documentation, it is gathered that the injured worker suffers from constant neck pain worse with repetitive use of upper extremities and bilateral upper extremity pain, stronger on the right than left, radiating to the medial aspect of the forearm down to the fourth and fifth digits. He would be a good candidate for behavioral treatment of chronic pain. However, the request for 12 psychology visits exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time.

**12 psychiatrist office visits:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible" The request for 12 psychiatrist office visits is excessive and not medically necessary since there is no indication that the injured worker is on any psychotropic medications or has severe symptoms that would need such close monitoring with a specialist.

**Morphine Sulfate ER 30mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines morphine sulfate ER Page(s): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines, page 78 regarding on-going management of opioids. "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of submitted documentation, does not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The injured worker continues to experience pain levels 8/10 even though he continues to take high dose morphine and thus there is no evidence of objective functional improvement. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. It is to be noted that the UR physician authorized Morphine ER 30mg #202 tabs.