

Case Number:	CM14-0143797		
Date Assigned:	09/12/2014	Date of Injury:	04/28/2014
Decision Date:	11/19/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 32 year old male with date of injury 4/28/2014. Date of the Utilization Review (UR) decision was 8/8/2014. His right hand got smashed in a press machine while performing his work duties and he encountered persistent pain and stiffness due to crushing hand injury. Report dated 6/12/2014 indicated that the injured worker was suffering from stiffness secondary to the orthopedic injury and reported being very depressed because of the same. The treating provider recommended Psychiatric consultation for his symptoms. Report dated 7/25/2014 listed the diagnosis of mood disorder secondary to general medical condition. He was started on Cymbalta 30 mg daily to be titrated up for depression and pain as well as Ambien 10 mg for initial and mid insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 1x per month x 4 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Mental illness, Office visits, Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the beneficiary concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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 determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best beneficiary outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The injured worker has been started on low dose Cymbalta and Ambien. Ambien is not recommended for long term treatment of insomnia. The prescription of Cymbalta does not require close monitoring that would require monthly sessions. Thus, the request for Medication management 1x per month x 4 months is excessive and not medically necessary.

12 Individual Psychotherapy visits 2 x a week x 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is candidate for behavioral treatment of chronic pain. However the request for 12 sessions exceeds the guideline recommendations for an initial trial. Thus, the request for 12 Individual Psychotherapy visits 2 x a week x 6 weeks is not medically necessary.

Psychological testing (duration and frequency unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG), Mental and Stress, Psychological evaluations

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. "The request does not specify the type of Psychological testing being requested. The request for Psychological testing (duration and frequency unspecified) is not medically necessary.