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| Case Number: | CM14-0151622 | | |
| Date Assigned: | 10/10/2014 | Date of Injury: | 04/25/2008 |
| Decision Date: | 11/04/2014 | UR Denial Date: | 08/28/2014 |
| Priority: | Standard | Application Received: | 09/17/2014 |

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 Occupational Medicine 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 patient is a 56 year old female who had developed chronic left upper extremity pain subsequent to an injury dated 4/28/08. She has had 3 surgical interventions for a left ulnar nerve entrapment. Over time she has developed a left extremity CRPS syndrome. She also had associated diagnosis of major depressive disorder, anxiety disorder, post-traumatic stress disorder and a history of substance abuse. She is treated with multiple oral analgesics and psychotropics. The treating physician has requested medical management and psychotherapy without any associated specifics such as anticipated frequency, length or amount of requested management or therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Frequency of visits Page(s): 79.

Decision rationale: The MTUS Guidelines supports follow-up visits for medical monitoring of Opioids or other potent medications. The recommended frequency of visits is from every 2

weeks in the stabilization phase than extending frequency to every 6-8 weeks. Medical management might certainly be reasonable, but the provider does not communicate any anticipated frequency or number of visits. Without additional details, the non-specific open ended request for medical management is not medically necessary.

Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive therapy for depression and/or anxiety.

Decision rationale: The MTUS Guidelines do not specifically address what a reasonable approach to psychological therapy is recommended for depression and/or anxiety. ODG specifically addresses these issues with a recommendation for trials of up to 6 sessions for 6 weeks and then extended therapy for 13-20 visits if there are objective benefits during the trial period. The requesting provider does not communicate any details to evaluate for consistency with Guideline recommendations. The non-specific open-ended request for psychotherapy is not consistent with Guidelines and is not medically necessary.