

Case Number:	CM13-0032862		
Date Assigned:	12/06/2013	Date of Injury:	08/25/2011
Decision Date:	02/05/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and Psychiatry, has subspecialty certificate in ASAM (American Society of Addiction 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 physician 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:

An Independent Medical Review was requested on 9/30/13 due to previous denials of requested services dated 9/23/13 and 9/24/13. The claimant is a 50 year old male with date of injury 8/25/11 apparently suffering a lumbar injury. Prior requests were for pharmacology office visits, weekly hypnotherapy, and weekly group therapy. The requests were not certified based upon no findings or legal decisions that the mental health issues were directly related to the industrial injury. Per a psychological testing report dated 11/14/12 the diagnoses given were "depressive disorder, nos, generalized anxiety disorder, nos, male hypoactive sexual desire disorder due to chronic pain, insomnia and generalized anxiety disorder related to chronic pain." It is also noted in the 11/14/12 document that "non-industrial factors have also contributed to the patient's general medical condition." Progress notes dated almost monthly through much of 2013 note improvement in pain and emotional symptoms as does the most current comprehensive evaluation dated 10/21/13 wherein the provider states that the claimant noted "a significant improvement in his emotional condition..." It is noted by the provider that is most likely a response to the non-certification review of 9-23-13. While the provider notes via his signature on this 54 page evaluation that he is a qualified medical evaluator (QME), he and his psychological interns and associates are also the treating providers of care. Therefore this evaluation of 10-21-13 would not be unbiased and the conclusions opined not pertinent as to the causation and apportionment of the claimant's psychiatric condition. It would indicate a conflict of interest. The current questions of treatment services requested are in regards to treatment medical necessity for a mental impairment based upon the available clinical evidence including current objective findings. In dispute is the relatedness of the claimant's symptoms to the industrial accident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Procedures, Office visits:

Decision rationale: The MTUS/ACOEM guidelines indicate that frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. According to the Official Disability Guidelines (ODG) guidelines, office visits is 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 patient 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 patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the documents provided do not have current objective clinical findings to support a severe mental impairment. There are no current clinical notes that indicate how often the claimant is having office visits and what his response is to treatment. The relatedness of the claimant's symptoms to the industrial accident has not been established. Based upon lack of current clinical information to support a mental impairment, there is no evidence of medical necessity for this service nor reliable evidence that the claimant's symptoms were related to industrial causation.

Pharmacology management including prescription: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, & 405, Chronic Pain Treatment Guidelines Functional improvement Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Procedures, Office visits

Decision rationale: In dispute is the relatedness of the claimant's symptoms to the industrial accident. The prior reviewer, a psychologist, certified one visit. The results of that approved visit are not available for my review unless it is the qualified medical evaluator (QME) evaluation dated 10/21/13 which indicates "improvement ". According to MTUS guidelines, functional improvement is defined as either clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed, and documented. In this case, the current medications are unknown as to indication, rationale for use, type, dosage, amount prescribed and planned duration of treatment as well as claimant's current response to such treatment. There is no indication to "functional improvement" if being treated with medications. There is an absence of on-going office progress notes to indicate claimant's participation and response to any medication being given. Based upon lack of current clinical information to support the necessity of pharmacological management, the request is not certified.

Medical hypnotherapy (non-specified number of sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Procedures Summary.

Decision rationale: According to the Official Disability Guidelines (ODG) guidelines, hypnosis therapy is recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Furthermore, the MTUS guidelines defines functional improvement as either clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed, and documented. In this case, it is noted that in the most recent clinical reports, including report dated 10/21/13 indicates that the claimant was improved. In addition while hypnosis is a recommended procedure as an adjunct to pain management, it is for individuals suffering from Post Traumatic Stress Disorder (PTSD). The claimant is not diagnosed as suffering from PTSD. There is no current clinical documentation noted that indicates if the claimant has received hypnotherapy recently and what his response has been. There is also no clinical documentation if there been a "functional

improvement" from the hypnotherapy. The number of treatments given and currently requested is absent. There is no current documentation of objective clinical findings that would indicate a severe mental impairment that would require this modality of treatment. Medical necessity for this modality of treatment is not certified.

Group medical psychotherapy 1 session per wk x 8 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Procedures Summary, Cognitive Behavioral Therapy for Depression.

Decision rationale: The Official Disability Guidelines (ODG) recommended cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Initial trial of 6 visits over 6 weeks, with evidence of objective functional total of up to 13-20 visits over 13-20 weeks (individual sessions). The MTUS guidelines defines functional improvement as either clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed, and documented. In dispute is the relatedness of the claimant's symptoms to the industrial accident. An IME (independent medical examiner) or QME (qualified medical evaluator) evaluation was recommended to determine causation per "California Labor Code 4062 c" by the reviewer on 9/23/13 when this service was non-certified. Such an unbiased evaluation is not noted in the documents reviewed. The claimant's condition is noted as improved in the 10/21/13 report. In addition the number of previous treatments is not known. There is level of "functional improvement" is unknown, since there are no current objective clinical findings noted, medical necessity has not been established as reasonable and appropriate, and causation related to the industrial accident and/or proportion of pre-existing condition has not been established. This request is not certified.