MAXIMUS Federal Services

Case Number:	CM13-0038088		
Date Assigned:	12/18/2013	Date of Injury:	12/13/2011
Decision Date:	03/14/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 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:

This case involves a 62-year-old female injured on 12-13-2011. This patient has had neck and low back pain. She has received eight physical therapy sessions. She has had restricted range of motion which has improved with physical therapy. She takes medication for pain and arthritis which is prescribed by her physician. She has had intermittent pain in her hands and wrists. She has been given the following diagnoses: Cervical spine chronic sprain/strain with underlying degenerative disc disease; Cervical spine -C6-7 there is a 2-3mm annular bulge with mild left foraminal stenosis; Left hand first carpal metacarpal joint arthrosis; Left hand osteoarthritis of the dip and pip joints; Left wrist status post bilateral de Quervain's disease surgery 10/31112; Right hand carpal metacarpal joint arthrosis; Right hand osteoarthritis of the dip and pip joints; Right hand status post de Quervains release surgery 3/12/13; Right wrist-mild compression of the median nerve at the carpal tunnel (Carpal Tunnel Syndrome), per electromyography/nerve conduction study (EMG/NCS) on 8/12/13; Lumbar spine chronic sprain/strain underlying degenerative disc disease spondylosis; Lumbar spine rule out radiculopathy; Lumbar Spine -At L4-5 there is a disc desiccation with 2-3mm annular bulge with facet arthropathy with hypertrophic changes on 8/9/13; Lumbar spine, at L4-5 central canal and foraminal stcnosis; and Stress, anxiety and depression. At issue is the medical necessity of: Cognitive Behavioral Group Psychotherapy once a week qty 12 weeks; Hypnotherapy once a week for 12 weeks; Relaxation training once a week for 12 weeks; and Psychiatric Evaluation QTY 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy once a week for twelve (12) 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 Behavioral interventions Page(s): 23.

Decision rationale: The Chronic Pain Guidelines indicate that behavioral interventions are recommended. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The guidelines recommend an initial trial of three to four (3-4) psychotherapy visits over two (2) weeks, with evidence of objective functional improvement, total of up to six to ten (6-10) visits over five to six (5-6) weeks (individual sessions). In this case there is no evidence of a diagnosis of Post Traumatic Stress Disorder. The records provided showed no evidence of a psychiatric or psychological evaluation. There is no evidence of an initial trial of three to four (3-4) psychotherapy visits over two (2) weeks. There is no evidence of any psychotherapy having been done, nor is there any evidence of hypnosis or relaxation training being done. Twelve (12) psychotherapy sessions exceeds guideline recommendation, and as such are not medically necessary.

Hypnotherapy once a week for twelve (12) weeks: 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 Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, section on hypnosis.

Decision rationale: Hypnosis and psychotherapy are related in that the practitioners who provide them need to communicate. The Official Disability Guidelines indicate hypnosis is largely limited to cases with a diagnosis of post traumatic stress disorder (PTSD). There is no evidence of a trial of hypnosis. Given this guideline, hypnosis is not medically necessary for this case.

Relaxation training once a week for twelve (12) weeks: Upheld

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

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

Decision rationale: The ACOEM Guidelines indicate that biofeedback is recommended for chronic low back pain. The guidelines also indicate that biofeedback is recommended for select

patients with chronic low back pain as a component (not a separate procedure) of cognitive behavioral therapy (CBT) or as a procedure in the context of an interdisciplinary or functional rehabilitation program. The guidelines state that relaxation training is a component of CBT. Since CBT is not medically necessary, relaxation training is a component of a treatment that has been addressed above as not medically necessary. Therefore, relaxation training is not medically necessary per guidelines.

One (1) psychiatric evaluation: Overturned

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 evaluations Page(s): 100-101.

Decision rationale: The Chronic Pain Guidelines indicate that psychological evaluations are recommended. The guidelines also indicate that Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in 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. In this case the patient has had severe physical and psychiatric symptoms combined. The combination is very disabling to the patient. She meets the criteria for mental health services. In order to clarify her specific needs, a psychiatric evaluation will be indispensable. As such, a psychiatric evaluation is medically necessary.