

Case Number:	CM13-0053183		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2010
Decision Date:	04/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 42-year-old male with a 4/13/10 date of injury. At the time (10/8/13) of the Decision for 4 sessions of office consultation, there is documentation of subjective (neck pain radiating to the upper back, radiating low back pain, anxiety, and depression) and objective (guarded range of motion) findings, current diagnoses (major depressive disorder, generalized anxiety disorder, insomnia, status post lumbar spine hardware removal and exploration of fusion, right sided foraminal stenosis, and lateral epicondylitis of right elbow), and treatment to date (trial of spinal cord stimulator and medications). Medical reports identify recommendations for hypnotherapy, biofeedback training, moderate office consultation, and office visits. In addition, medical reports identify that in the process of a peer to peer discussion it was noted that the request was either for an initial or extended evaluation of the patient's progress.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 SESSIONS OF OFFICE CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive-Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder and generalized anxiety disorder. In addition, there is documentation of recommendations for hypnotherapy, biofeedback training, moderate office consultation, and office visits. However, given documentation of the requested 4 sessions of office consultation, and no rationale identifying the medical necessity of the requested 4 sessions of office consultation, it does not specify if this is a request for initiating psychotherapy, additional psychotherapy, or follow up visits. Therefore, based on guidelines and a review of the evidence, the request for 4 sessions of office consultation is not medically necessary.