

Case Number:	CM13-0057134		
Date Assigned:	12/30/2013	Date of Injury:	09/13/2011
Decision Date:	07/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 patient is a 38 year old male with date of injury 2/16/2009. Date of the UR decision was 10/18/2013. The injured worker suffers from chronic back pain secondary to industrial injury. He twisted his back while stepping through a blockade for a dog. Emergency Department (ED) report from 08/24/2013 suggested that he presented with complaint of my oxycodone is building up in my system. He felt like his arms were jerking and he felt very nervous. He felt that his kidneys were swollen and hurt. Psychological review of systems was negative for depression and suicidal thoughts. Psychiatric/Mental status exam was negative per that report. Blood work was drawn during the ED visit and he was given ativan. The report indicated that he was treated for adverse reaction to drug(endocet) and anxiety at that visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP MEDICAL PSYCHOTHERAPY 1X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: The 38 year old male injured worker encountered chronic back pain secondary to industrial injury by twisting his back while stepping through a blockade for a dog. He had an Emergency Department (ED) visit on 08/24/2013 for complaint of my oxycodone is building up in my system. He felt like his arms were jerking and he felt very nervous. He felt that his kidneys were swollen and hurt. Psychological review of systems was negative for depression and suicidal thoughts. Psychiatric/Mental status exam was negative per that report. Blood work was drawn during the ED visit and he was given ativan. The report indicated that he was treated for adverse reaction to drug(endocet) and anxiety at that visit. In this case, the injured worker does not have Psychological symptoms secondary to the injury that would warrant the need for behavioral interventions. Request for 12 Cognitive Behavioral Group Psychotherapy is excessive and not medically necessary.

MEDICAL HYPNOTHERAPY/RELAXATION TRAINING 1X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Hypnosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic).

Decision rationale: ODG states Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. The request for 12 sessions of hypotherapy is excessive and not medically necessary.

PSYCHIATRIC MONTHLY FOLLOW-UPS X 6-8 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Office Visit.

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, Office visits Stress related conditions.

Decision rationale: Upon review of the submitted documentation, there is no indication regarding the need for Psychiatric monthly follow up visits. The injured worker had some anxiety related to the adverse drug reaction as per the Emergency Department visit report from 08/24/2013 . There is no other mention of Psychiatric symptoms he has been experiencing on an ongoing basis or why the 6-8 monthly follow up visits are needed. The request is not medically necessary at this time.