

Case Number:	CM13-0064081		
Date Assigned:	01/03/2014	Date of Injury:	11/29/2008
Decision Date:	05/09/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/04/2013

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:

58 years old male injured worker with date of injury 11/29/08. The injury was related to an elbow strain and carpal tunnel syndrome. Per 10/22/13 report he presented with depressive and anxious symptoms, and reported sleep disturbances. In general his mood was improved. He has been treated with psychotropic medications and psychotherapy. "He has experienced episodes of worsening of his emotional condition; however, in general his emotional and psychosocial function is improved." The date of UR decision was 12/3/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY WEEKLY FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence.

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends, screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks of lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has had good response to psychotherapy and psychotropic medications (per 10/22/13 report). However, there has been no mention of objective functional improvement, as such, the request for continued cognitive behavioral group psychotherapy sessions weekly for six (6) weeks is not medically necessary.

RELAXATION TRAINING WEEKLY FOR SIX (6) WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: The medical records submitted for review indicate that this treatment is to help the patient manage stress and/or levels of pain. MTUS guidelines is silent but ACOEM, page 400 gives guidance, "The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventive or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiologic responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestations of daily, continuous stress.". Therefore, The request for relaxation training sessions weekly for six (6) weeks is medically necessary and appropriate.

ONE FOLLOW UP VISIT FOR DEPRESSION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG)

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

Decision rationale: According to CA MTUS guidelines "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." Per 10/22/13 note, the injured worker has experienced episodes of worsening of his emotional condition. I respectfully disagree with the UR physician's assertion that the request for consult does not specify the concerns to be addressed; the request is to monitor the injured worker's depression. The request is medically necessary.