

Case Number:	CM14-0003444		
Date Assigned:	02/03/2014	Date of Injury:	06/19/2013
Decision Date:	07/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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 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 is a 43 year-old male who has reported multifocal pain and mental illness after an injury on 6/19/13. He has been diagnosed with closed head trauma, cervical myofascial sprain/strain, lumbar myofascial sprain/strain, and depression. Treatment to date has been orthopedic in nature, and has included physical therapy, medications, and chiropractic. No treatment has provided significant improvement in pain and function. Work status remains as "temporarily totally disabled". Medical records from 2013 were reviewed. The injured worker has been seeing a treating orthopedist on a monthly basis. At the last visit on 12/4/13, he was reporting jaw, neck and back pain. Conservative care was recommended. Per the psychological evaluation of November 26, 2013, many somatic, mood, cognitive, and other psychiatric symptoms were reported. The diagnoses included depression, anxiety, stress-related physiological response, and mental disorder NOS. Treatment recommendations included cognitive behavioral therapy, psychiatric consultation, 6-8 months of psychiatric treatment, and relaxation training and hypnotherapy for pain control. Desensitization was prescribed for relaxation, anxiety, and coping. On December 11, 2013 Utilization Review certified a psychiatric evaluation, 12 sessions of psychotherapy, and 12 hypnotherapy/relaxation sessions; and non-certified psychiatric follow-up, 8 sessions, until the psychiatric evaluation was completed and treatment recommendations were submitted. Desensitization training for 12 sessions was non-certified because it was redundant with the relaxation training that was certified. The Official Disability Guidelines and the MTUS were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC FOLLOW UP, 8 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

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 and Stress Chapter, Office Visit.

Decision rationale: The California MTUS does not address this topic specifically. The Official Disability Guidelines, cited above, was used instead. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. The medical necessity for any specific quantity of psychiatric office visits has not yet been determined, as the injured worker had not seen the psychiatrist at the time of this request. Utilization Review certified a psychiatric evaluation, and stated that follow-up visit quantity would be determined based on the treatment plan from the psychiatrist. The Utilization Review decision is correct in light of the guidelines. The treating psychologist is not equivalent to the psychiatrist, and any designation of follow-up psychiatric visits should be contingent upon medical necessity determined by the psychiatrist. The 8 follow-up visits are therefore not medically necessary.

DESENSITIZATION TRAINING, 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Exposure therapy (ET), Eye Movement Desensitization & Reprocessing (EMDR).

Decision rationale: As stated on page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain. Psychotherapy, relaxation training, and hypnotherapy were already certified in Utilization Review. The "desensitization" was prescribed for relaxation, which appears redundant of the relaxation training already prescribed and certified in Utilization Review. It is not clear exactly what kind of therapy is intended as "desensitization". The Official Disability Guidelines are cited above, and the two possible modes listed that included "desensitization" are treatments for PTSD, which is not a diagnosis presented by the psychologist. "Desensitization" is not a listed treatment option for anxiety. The psychologist did not discuss the content of the "desensitization", which makes it impossible to determine what is prescribed and therefore determine the medical necessity. The "desensitization" is not medically necessary based on the lack of a sufficiently specific prescription, lack of compliance with guidelines, and probably overlap with psychotherapy already prescribed and certified in Utilization Review.

