

Case Number:	CM14-0008051		
Date Assigned:	02/12/2014	Date of Injury:	09/17/2004
Decision Date:	08/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 42-year-old female who has submitted a claim for lumbar radiculitis, cervical disc herniation / discogenic disease, major depressive disorder, generalized anxiety disorder, female hypoactive sexual desire, GERD, diabetes, asthma, and pain disorder associated with an industrial injury date of 09/17/2004. Medical records from 2012 to 2013 were reviewed. The patient complained of neck pain radiating to bilateral shoulders associated with weakness, tingling and numbness sensation. The patient likewise reported sleep difficulty, depression, anxiety, and social withdrawal. Physical examination of the cervical spine showed tenderness, muscle spasm, and painful range of motion. Spurling's sign was positive on the right. Motor strength of right deltoids and right biceps was graded 4/5. Sensation was diminished at the lateral forearm, bilaterally. Affect was appropriate. However, the process was within normal limit. Speech was normal in rate and tone. There were no suicidal ideations or homicidal ideations. Treatment to date has included right shoulder arthroscopy, physical therapy, acupuncture, epidural injections, cognitive psychotherapy, and medications such as Wellbutrin, Zoloft, and Haldol. Utilization review from 12/20/2013 did not grant the requests for cognitive behavioral group psychotherapy qty: 12.00, and office visit because there was no documentation of any functional improvement from the unspecified number of group therapy or office visits given for this nine-year injury; and did not grant the request for hypnotherapy because of insufficient indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY QTY: 12.00: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. The guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, patient has a known major depressive disorder and generalized anxiety disorder. Cognitive behavioral psychotherapy was recommended since October 2013 for 12 sessions. However, medical records submitted and reviewed did not provide documentation concerning total number of visits attended and functional outcomes derived from it. Extension of psychotherapy cannot be established without sufficient documentation of functional improvement from the previous sessions. Therefore, the request for cognitive behavioral group psychotherapy qty: 12.00 are not medically necessary.

HYPNOTHERAPY QTY: 1.00: 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) Pain Chapter, Hypnosis.

Decision rationale: The California MTUS does not specifically address hypnosis. Per the Strength of Evidence, hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. The Official Disability Guidelines states that hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of four visits over 2 weeks is recommended and with evidence of objective functional improvement, up to 10 visits over 6 weeks. In this case, the medical records did not provide a clear rationale for hypnotherapy. The patient has ongoing cognitive behavioral psychotherapy, and there was no discussion as to why adjuvant hypnotherapy is needed in this case. Therefore, the request for hypnotherapy is not medically necessary.

OFFICE VISIT QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89, 100-127.

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

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient has a known lumbar radiculitis, cervical disc herniation, major depressive disorder, generalized anxiety disorder, diabetes, asthma, GERD, and fatty liver. Three distinctive specialists from orthopedics, psychiatry, and internal medicine are monitoring the patient. A follow-up visit is needed to monitor for patient's response to therapy; however, the request did not specify the service. The request is incomplete; therefore, the request for office visit is not medically necessary.