

Case Number:	CM14-0008165		
Date Assigned:	02/12/2014	Date of Injury:	04/26/2011
Decision Date:	07/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/22/2014

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 licensed in Psychologist and is licensed to practice in Texas. 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 injured worker is a 63-year-old male with a reported date of injury on 04/26/2011. The injury reportedly occurred when the injured worker was moving tables by himself and felt back pain. His previous treatments were noted to include acupuncture, medications, epidural steroid injections, and lumbar facet injections. His diagnoses were noted to include cervical spine with superimposed spondylosis, possible radiculitis, posterior shoulder/mid back strain, bilateral shoulder subacromial bursitis, and biceps tendonitis without evidence of impingement, bilateral De Quervain's stenosing sprain/strain, status post lumbar decompression in the 1990s at the L2 area, lumbar spine with diffuse degenerative changes and marked scoliosis, bilateral hip wear and tear, bilateral leg pitting edema, stress, anxiety, and depression. The progress note dated 12/02/2013 reported the injured worker complained of feeling helpless and frustrated, as well as sad and depressed. The injured worker was reported to be irritable and angry and felt useless and unproductive. The injured worker reported worrying excessively about physical condition and limitations as well as sleep difficulties and was having increased marital problems due to his irritable mood. The injured worker reported he had difficulty concentrating and remembering things and he was socially isolated from others and lacked motivation and felt pushed to get things done. The objective findings reported that he was sad and anxious, frustrated and irritable, apprehensive, and preoccupied about his physical condition and limitations. The progress note reported the injured worker had made some progress toward current treatment goals as evidenced by an improvement in symptoms of anxiety and continued to report severe symptoms of depression as his physical condition had worsened. The progress note dated 09/14/2013 reported the injured worker decreased intake of medication with no side effects and the current medications were helping him to cope and the injured worker preferred to continue the medication regimen. The request for authorization form was not submitted within the

medical records. The request is for cognitive behavioral group therapy times 12 weeks to help the injured worker cope with physical conditions, levels of pain, and emotional symptoms. The request for relaxation training/hypnotherapy times 12 weeks is to help the injured worker manage stress and/or levels of pain. For the request for psychiatric treatments as well as office visits, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP THERAPY (X12 WEEKS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Work Stress, page 398, Cognitive Therapy, page 400. Non-MTUS Official Disability Guidelines (ODG).

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, Group therapy.

Decision rationale: The injured worker has been receiving psychiatric treatment for anxiety and depression. The Official Disability Guidelines recommend group therapy as an option to provide a supportive environment. There is no information about the number of sessions the injured worker has had so far and no objective data to indicate that the injured worker has had improvement in this treatment. Therefore, group therapy is not warranted at this time. As such, the request is non-certified.

RELAXATION TRAINING/HYPNOTHERAPY (X12 WEEKS): 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), Mental Health and Illness, Hypnosis.

Decision rationale: The injured worker has received previous psychological treatment. The Official Disability Guidelines recommend hypnosis as an option that may be an effective adjunctive procedure in the treatment of posttraumatic stress disorder (PTSD). Hypnosis may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation, and nightmares, from which hypnosis has been successfully used. The guideline indications for the use of hypnosis are symptoms associated with PTSD such as disassociation and nightmares, for which they have been successfully used. PTSD workers who manifest at least moderate hypnotizability may benefit from the addition of hypnotic techniques to the treatment. Because confronting traumatic memories may be difficult for some PTSD patients, hypnotic techniques may provide them with a means to modulate an emotional cognitive dissonance from such memories as they are worked

through therapy. The injured worker has not been diagnosed with PTSD; therefore, hypnotherapy is not warranted at this time. Therefore, the request is non-certified.

PSYCHIATRIC TREATMENT (UNSPECIFIED): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The injured worker has received previous psychotherapy or psychiatric treatment. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. At this point, a consultation with the psychologist allows for screening, assessment of goals, and further treatment options, including individual or group therapy. The guidelines also state if pain is sustained in spite of continued therapy (including the above psychological care, intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. There is a lack of documentation regarding pain and enhancing interventions that emphasize self management. The documentation provided did not show screening, assessment of goals, and further treatment options, including brief individual or group therapy. There is a lack of documentation regarding the number of individual or group psychotherapy sessions with injured worker has received to date. Therefore, the request is non-certified.

OFFICE VISIT: 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), Mental Illness and Stress, Office Visits.

Decision rationale: The injured worker has been receiving therapy for psychosocial issues. Evaluation and management of outpatient visits to offices of medical doctors play a critical role in the proper diagnosis of return to function of an injured worker, and should be encouraged. The need for clinical office visits with a healthcare provider is individualized based on the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on medications the injured worker is taking as some medications like opioid medicines and certain antibiotics require close monitoring. As the patient conditions are extremely varied, a set of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful the best patient outcomes are achieved with individual patient independence from the healthcare system through self care as soon as it is clinically feasible. The injured worker was stated to be under treatment for chronic pain and

undergoing psychological complaints as a result of his injury. Therefore, periodic followup visits would be supported. However, the need for future office visits is dependent on the injured worker's condition, progress, and treatment plan. Therefore, the necessity of office visits cannot be established at this time. Therefore, the request is non-certified.