

Case Number:	CM14-0100778		
Date Assigned:	07/30/2014	Date of Injury:	07/30/2012
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 a licensed 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 43-year-old female who reported an injury on 07/30/2013 due to lifting and then lowering 4 large boxes of frozen bread. By the time she lowered the third box she experienced pain to her mid and low back. Diagnoses for the injured worker were cervical spine disc pathology with radiculitis, bilateral shoulder tendinitis, bilateral upper extremities carpal tunnel syndrome per EMG testing, lumbar spine disc pathology with radiculitis, internal complaints deferred to the appropriate specialist, status post epidural injection to the lumbar spine with some improvement, and complaints of stomach irritation deferred to the appropriate specialist. Past treatments reported were acupuncture sessions, chiropractic sessions, and epidural steroid injections. Diagnostic studies were x-rays and MRI. Surgical history was not reported. Physical examination on 01/08/2014 revealed complaints of continued stomach irritation. The injured worker was awaiting an appointment with an internist. She also complained of difficulty sleeping and getting through the day due to her stomach irritation. The injured worker also had complaints of feeling sad, discouraged, and scared. She stated she was worried about the future and her physical condition and also stated she experienced heart palpitations, shakiness in her body, and muscular tension. Examination of the cervical spine and lumbosacral spine revealed pain and spasms. Range of motion was 90%. It was also noted that persisting symptoms of anxiety and depression required continued treatment. Treatment plan was for group psychotherapy 6 sessions and medical hypnotherapy/relaxation training 6 sessions. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Mental Illness & Stress Procedure Summary Last Update 04/09/2014.

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

Decision rationale: The Official Disability Guidelines state for office visits that they are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the healthcare system through self care as soon as clinically feasible. The injured worker had a psychological examination on 03/10/2014 where it was stated that the injured worker has made some progress towards current treatment goals. She reported improved motivation and hopefulness with group psychotherapy and stated sleep was improved with medication and that her ability to use relaxation exercises to manage stress has also improved. As such, the request for a office visit is not medically necessary and appropriate.

Group Psychotherapy 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental, Cognitive Therapy for General Stress.

Decision rationale: The Official Disability Guidelines state it is recommended. Stress management that includes cognitive therapy has the potential to prevent depression and improve psychological and physiological symptoms. As with all therapies, an initial trial may be warranted with continuation only while results are positive. The injured worker has already attended several sessions of psychological treatment. The number of treatment sessions is unknown. It was reported that the injured worker had made some progress toward treatment goals such as improved motivation and hopefulness and improvement in sleep. The medical necessity for group psychotherapy of 6 sessions was not noted. Therefore, the request for Group Psychotherapy 6 Sessions is not medically necessary and appropriate.

Medical Hypnotherapy / Relaxation Training 6 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC, Mental Illness & Stress Procedures Summary last updated (04/09/2014), Criteria for the use of Hypnosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Hypnosis.

Decision rationale: The California ACOEM states for stress management techniques there is a way to help reduce the symptoms of stress and to give the patient control over stressful situations and offer a measurable and concrete result with techniques that are offered alone or in conjunction with other modalities (e.g., hypnosis) or are modifications of techniques. The Official Disability Guidelines recommend hypnosis as an option, or as a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used. There are certain criteria that must be met for the use of hypnosis. It should be used by credentialed healthcare professionals, who are properly trained in the clinical use of hypnosis and are working within the areas of their professional expertise. The guidelines also state there are a number of indications for using hypnosis in the treatment of post-traumatic stress disorder. The injured worker has not been diagnosed as having post-traumatic stress disorder so therefore, the request for medical hypnotherapy / relaxation training 6 sessions is not medically necessary and appropriate.