MAXIMUS Federal Services

Case Number:	CM14-0109250		
Date Assigned:	08/01/2014	Date of Injury:	05/23/2010
Decision Date:	09/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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 Psychology and is licensed to practice in Utah. 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 39-year-old year female with a 5/23/10 date of injury when she injured her back while picking up a heavy box of materials. She underwent L3-S1 anterior posterior fusion on 3/19/14. The patient was seen on 4/30/14 with complaints of 9/10 continued lower back pain with numbness in the lower extremities, primary in the S1 dermatome distribution. Exam findings revealed bilateral tenderness of the paravertebral muscles in the lumbosacral area, intact sensation in the bilateral lower extremities and 5/5 motor strength in the right lower extremity and 4/5 strength in the left lower extremity and in the right hip flexor. The patient was waiting to start physical therapy. The diagnosis is depression, insomnia, lumbar spine stenosis, and generalized anxiety and lumbosacral neuritis.Treatment to date: underwent L3-S1anterior posterior fusion on 3/19/14 and medications. An adverse determination was received on 7/3/14 given that the submitted documentation did not include any clinical information other than a request for an unknown number of group psychotherapy sessions, office visits and hypnosis sessions. In addition, a treatment plan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Group Medical Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

Decision rationale: CA MTUS does no address Outpatient Group Medical Psychotherapy. CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Additionally, CA MTUS supports an initial trial of 4 psychotherapy visits. The patient underwent L3-S1 anterior posterior fusion on 3/19/14 and suffers from chronic back pain. However, there is no rationale with regards to Outpatient Group Medical Psychotherapy. There is a lack of documentation indicating the number of sessions, frequency of sessions and treatment plan with indicated treatment goals. Therefore, the request for Outpatient Group Medical Psychotherapy was not medically necessary.

Medical Hypnotherapy/Relaxation: 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: CA MTUS does not address this issue. ODG states that hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. The request was for psychotherapy hypnotherapy follow up office visits. However, there is a lack of documentation indicating that the patient underwent psychotherapy hypnotherapy treatment in the past. In addition, the number of visits was not specified. Therefore, the request for Medical Hypnotherapy/Relaxation was not medically necessary.

Office Visit (Unspecified Number): 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 Office Visits.

Decision rationale: CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) 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. 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 health care system through self care as soon as clinically feasible. There is a lack of documentation indicating the number of office visits, frequency of visits and treatment plan with indicated treatment goals. Therefore, the request for Office Visit was not medically necessary.