

Case Number:	CM14-0018426		
Date Assigned:	04/18/2014	Date of Injury:	12/21/2012
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/13/2014

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 Emergency Medicine and is licensed to practice in New York. 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 40-year-old female who was injured on December 2, 2012. The patient continued to experience pain in her neck and upper back and anxiety. Physical examination is unremarkable. Diagnoses include depression with anxiety, esophageal reflux, hypothyroidism, neck pain, sciatica, and post-traumatic stress disorder. Treatment included exercise and psychotherapy. Requests for authorization for gym membership and psychotherapy 44 additional sessions were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

GYM MEMBERSHIP: 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), Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 46-47.

Decision rationale: Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular

exercise regimen over any other exercise regimen. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered. Documentation in the medical record does not support the medical necessity for gym membership. The request is not medically necessary.

FORTY-FOUR (44) ADDITIONAL PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

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, PTSD psychotherapy interventions.

Decision rationale: MTUS does not address psychotherapy for Post-traumatic stress disorder (PTSD). Psychotherapy for PTSD is recommended with the following guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case the patient received 44 psychotherapy visits over the previous year. Progress was not consistent during that time. The number of visits requested would bring the total number of treatments to 88, which surpasses the 50 visits recommended for major PTSD. Medical necessity has not been established. The request is not medically necessary.