

Case Number:	CM14-0031565		
Date Assigned:	06/20/2014	Date of Injury:	04/13/2012
Decision Date:	08/05/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/12/2014

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 Psychiatry and is licensed to practice in California. 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:

54-year old female with date of injury 4/13/2012 who encountered psychological symptoms and Fibromyalgia due to the stress at work. Date of the UR decision was 2/12/2014. Report from 5/7/2013 indicated that she had been suffering from bouts of depression and anxiety secondary to the ongoing pain and the inability to work like she did in the past. Report from 1/28/2014 listed subjective complaints of feeling sad, hopeless, helpless, lonely, afraid, angry and irritable. She was diagnosed with Major Depressive Disorder, moderate; Generalized Anxiety Disorder; Female hypoactive sexual desire disorder secondary to chronic pain, Insomnia related to Generalized anxiety and chronic pain; Pain disorder associated with both psychological factors and chronic pain and Stress related physiological response affecting general medical condition, gastrointestinal disturbances and headaches. Submitted documentation suggests that the injured worker has been receiving group psychotherapy and antidepressant medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Consultation (1 session): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: ACOEM guidelines state Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. The request for Office Consultation for 1 visit is indicated due to the above mentioned Psychiatric symptoms which are serious and ongoing in nature needing a Specialty referral. Thus will respectfully disagree with UR physician's decision, therefore, the Office Consultation (1 session) is medically necessary.

Psychiatric follow-up (6 sessions): 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, Office visits Stress related conditions.

Decision rationale: The ODG states Office visits: Recommended as determined to be medically necessary. 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, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number 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 that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The request for Psychiatric follow ups # 6 is not medically necessary.

Hypnotherapy/relaxation training (12 sessions): 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), Hypnosis, Pain (Chronic).

Decision rationale: The Official Disability Guidelines (ODG) states 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. Data to support the efficacy hypnosis for

chronic low back pain are limited. ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The request for Hypnotherapy/relaxation training (12 sessions) exceeds the number suggested by the guidelines for the initial trial. Thus, the request for Hypnotherapy/relaxation training (12 sessions) is not medically necessary.

Group Psychotherapy (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment,page(s) 23, 100-102 Page(s): 23, 100-102.

Decision rationale: Per California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for Group Psychotherapy (12 sessions) exceeds the total number of sessions recommended by the guidelines especially since it is indicated that he has received some sessions already. Thus the request for 12 sessions of group therapy is not medically necessary.