

Case Number:	CM14-0033920		
Date Assigned:	06/25/2014	Date of Injury:	01/11/2013
Decision Date:	08/19/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 59-year-old male who reported an injury on 01/11/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 12/18/2013 indicated diagnoses of cervical spondylosis C5-6 with radicular symptomatology left upper extremity and radiculopathy, degenerative disc disease of the lumbosacral spine with associated facet arthropathy primarily L4-5. The injured worker reported pain to the cervical spine that was moderate. He reported that when he was more active, the pain was worse and the pain was usually worse at the end of the day. He reported his neck pain was aggravated by twisting, turning, and bending activities. The injured worker reported headaches associated with his neck pain. The injured worker reported his pain radiated into his shoulder and down the lateral aspect of the left upper extremity and into his hands. The injured worker reported mild weakness on the left side. The injured worker had moderate to severe pain of the lumbosacral spine that became worse with activity. The injured worker had limited sitting, standing, and walking abilities. The injured worker reported pain to his back that had recurrent radiation of pain to the lower extremities. He reported numbness, tingling, and paresthesias, but his most pain was in the low back area marked at the L4-5 level. On physical examination of the cervical spine, the injured worker had mild guarding of movement and tenderness was localized to the C5-6 level with decreased range of motion. Tenderness of the lumbosacral spine was localized to the L4-5 level with decreased range of motion. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for group medical psychotherapy 12 visits for 12 weeks. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 12 visits for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy Guidelines For Chronic Pain Page(s): 23.

Decision rationale: The request for Group Medical Psychotherapy 12 visits for 12 weeks is not medically necessary. The California MTUS guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 weeks would be recommended. The requesting physician did not include a psychological assessment including quantifiable data in order to demonstrate significant deficits, which would require therapy as well as establish a baseline by which to assess improvements during therapy. In addition, 12 visits over 12 weeks exceeds the guideline recommendations for a total of 6 to 10 visits over 5 to 6 weeks. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for group medical psychotherapy 12 visits over 12 weeks is not medically necessary.

Relaxation training/ Hypnotherapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, Hypnosis.

Decision rationale: The request for Relaxation training/ Hypnotherapy 12 sessions is not medically necessary. The Official Official Disability Guidelines (ODG) state hypnosis is recommended as an option as a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. The guidelines also state more testing should be done to measure the effect of hypnosis on stress reduction, with or without physical ailment, as preliminary results are positive. There documentation submitted did not indicate the injured worker had Post-traumatic stress disorder, anxiety, dissociation and/or nightmares. In addition, the provider did not indicate a rationale for the request. Therefore, the request for Relaxation training/ Hypnotherapy 12 sessions is not medically necessary.

Office visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The request for Office visit is not medically necessary. The Official Disability Guidelines recommend an office visit to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctor(s) is a critical role in the proper diagnosis and return to function of an injured worker. 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 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 an evolving treatment plan. In addition, there was a lack of significant changes in the documentation submitted. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for Office visit is not medically necessary.