

Case Number:	CM14-0034096		
Date Assigned:	06/20/2014	Date of Injury:	02/24/2012
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/19/2014

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 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 28-year-old male with a reported injury on 02/24/2012. The mechanism of injury was described as a lifting injury. The clinical note dated 02/03/2014 reported that the injured worker complained of moderate, constant pain to his right elbow. The injured worker also complains the elbow pain radiates to his shoulders and down the right upper extremity into his right wrist. The physical examination of the injured worker's right elbow revealed full range of motion with marked diffuse tenderness about the elbow, no specific point of tenderness. The injured worker's right elbow range of motion demonstrated extension to 180 degrees and flexion to 135 degrees. It was reported that the injured worker's right upper extremity motor strength was a 4/5 in the biceps. The injured worker's diagnoses included status post right distal biceps with lateral repair, and possible chronic regional pain syndrome to the right upper extremity. An x-ray reported evidence of old repair with no other abnormalities. The progress note dated 01/27/2014 reported that injured worker had gained approximately 60 pounds since his industrial accident. It reports that the injured worker feels tense and is self critical, lacks motivation, and has lost interest in activities he once enjoyed. The provider requested cognitive behavioral group psychotherapy and relaxation training/hypnotherapy; to assist the injured worker to cope with physical conditions, levels of pain, emotional symptoms, and to manage stress due to pain. The request for authorization was not submitted within the clinical notes. The injured worker's prior treatments were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy 1 x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The injured worker complained of right elbow pain. The treating physician's rationale for cognitive behavioral group psychotherapy is due to the injured worker's self critical, lack of motivation, and loss of interest in things he once enjoyed. The California MTUS guidelines recommend psychological treatments for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The steps include: Identify and address specific concerns about pain and enhance interventions that emphasize self-management; identify patients who continue to experience pain and disability after the usual time of recovery; and pain is sustained in spite of continued therapy (including the above psychological care). The Official Disability Guidelines for psychotherapy guidelines include 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 post-traumatic stress disorder, up to 50 sessions can be certified if progress is being made. There is a lack of clinical information indicating the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or oral medication therapy. There is also a lack of documentation regarding prior psychological treatment to date. Moreover, the request for 12 cognitive behavioral group psychotherapy sessions exceeds the guideline recommendations of initial trial for psychotherapy 3 to 4 visits over 2 weeks. As such, the request is not medically necessary.

Relaxation Training/Hypnotherapy 1 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: The injured worker complained of right elbow pain. The treating physician's rationale for hypnosis is to help manage the stress and/or pain levels for the injured worker. The Official Disability Guidelines (ODG) recommends hypnosis 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. 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). There is a lack of

documentation indicating the injured worker has significant pain and functional deficits requiring relaxation training/hypnotherapy. There is a lack of clinical information indicating the injured worker's pain was unresolved with other forms of conservative care to include physical therapy, home exercises, and/or oral medications. Moreover, the request for 12 relaxation training/hypnotherapy exceeds the guideline recommendations of initial trial of 4 visits over 2 weeks. Given the information provided, there is insufficient evidence to determine appropriateness of hypnosis to warrant medical necessity. As such, the request is not medically necessary.

Office Visit (follow-up): 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, Office Visit.

Decision rationale: The injured worker complained of right elbow pain. The treating physician's rationale for follow-up office visit was not provided within the clinical notes. 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. The rationale for a follow-up office visit was not provided within the clinical notes. The requesting provider did not indicate the specific type of office visit intended for follow-up. Given the information provided, there is insufficient evidence to determine appropriateness of an office visit follow-up to warrant medical necessity; therefore, the request is not medically necessary.