

<b>Case Number:</b>	CM14-0036483		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 a licensed 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 25-year-old male with a reported injury on 02/25/2013. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/12/2014 reported that the injured worker complained of pain to the neck and back area with headaches and feeling of depression and difficulty sleeping. The physical examination revealed a 2+ spasm and tenderness to the bilateral paraspinal muscles from C2-7 and bilateral shoulder muscles. The axial compression test was positive bilaterally for neurological compromise. The shoulder depression test was positive bilaterally. There was a 3+ spasm and tenderness to the bilateral thoracic paraspinal muscles from T2-9. The examination of the injured worker's lumbar spine revealed 3+ spasm and tenderness to the bilateral lumbar paraspinal muscles from L3-S1 and right SI joint. The L5 and S1 dermatomes were decreased on the right to light touch. Diagnoses included cervical disc herniation with myelopathy; lumbar disc displacement with myelopathy; and thoracic disc displacement with myelopathy. An MRI of the cervical, thoracic, and lumbar spine reported disc pathology in all 3 areas; and a 2 to 3 mm disc bulge at C5-6 on the subarachnoid space and possibly a very mild indentation on the spinal cord with mild to moderate spinal stenosis. Also, it reported a 3 to 4 mm disc bulge or central herniation protruding posteriorly and producing prominent indentation of the subarachnoid space and at least moderate spinal stenosis. The prescribed medication list was not provided within the clinical notes. The Request for Authorization was not submitted within the clinical notes. The injured worker's prior treatments included 4 sessions of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral group psychotherapy 12 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**Decision rationale:** 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). In this case, the injured worker complained of neck and back pain along with headaches and feelings of depression and difficulty sleeping. The treating physician's rationale for cognitive behavioral group psychotherapy was not provided within the clinical notes. The rationale for cognitive behavioral group psychotherapy was not provided within the clinical notes. There is a lack of clinical information indicating if the injured worker's pain was unresolved with conservative care to include physical therapy, home exercises, and/or oral medication therapy. Moreover, the request for psychotherapy 12 visits exceeds the guideline recommendations of a trial of 3 to 4 psychotherapy visits. Given the information provided, the request for cognitive behavioral group psychotherapy, 12 visits is not medically necessary and appropriate.

**Hypnotherapy/Relaxation Training 12 visits: 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, Hypnosis.

**Decision rationale:** 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. In this case, the injured worker complained of neck and back pain along with headaches and feelings of depression and difficulty sleeping. The treating physician's rationale for a psychiatric evaluation with follow-up was not provided within the clinical notes. There is a lack of clinical

information indicating the rationale for a psychiatric evaluation. Moreover, there is a lack of clinical evidence that the injured worker's pain and sleep were unresolved with the primary physician's standardized care. Furthermore, the specific rationale for a psychiatric evaluation along with follow-up was not provided within the clinical notes. Given the information provided, the request for psychiatric evaluation and follow up appointment for 6-8 months is not medically necessary and appropriate.

**Psychiatric Evaluation and follow up appointments for 6-8 months: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation.

**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 psychiatric evaluation and followup appointments for 6 to 8 months is non-certified. The injured worker complained of neck and back pain along with headaches and feelings of depression and difficulty sleeping. The treating physician's rationale for a psychiatric evaluation with followup 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. There is a lack of clinical information indicating the rationale for a psychiatric evaluation. Moreover, there is a lack of clinical evidence that the injured worker's pain and sleep were unresolved with the primary physician's standardized care. Moreover, the specific rationale for a psychiatric evaluation along with followup was not provided within the clinical notes. Given the information provided, there is insufficient evidence to determine the appropriateness of a psychiatric evaluation along with followup to warrant the medical necessity. Therefore, the request is non-certified.