

Case Number:	CM14-0046034		
Date Assigned:	07/02/2014	Date of Injury:	01/01/2006
Decision Date:	08/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine, 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:

The patient is a 57 year old female who was injured on 01/01/2006. The mechanism of injury is unknown. Prior medication history included hydrocodone APAP, mirtzapine, and Naproxen. Neuro/pain management note dated 03/14/2014 states the patient complained of headaches but they have become less intense. Objective findings on exam revealed range of motion of the cervical spine were slightly restricted in all planes while the ranges of motion of the lumbar spine were slightly to moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal muscles. Grip strength was decreased in the right and left hand at -5/5. Assessment is lumbosacral radiculopathy, status post surgery bilateral carpal tunnel syndrome, chronic headaches, and chronic myofascial pain syndrome, cervical and thoracolumbar spine. The treatment plan consisted of hydrocodone APAP 2.5/325 mg, mirtzapine 15 mg, and Naproxen 550 mg. She was also recommended for aquatic therapy exercises twice a week for 6 weeks and deep breathing meditation as a relaxation technique.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 1 x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-2. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral Interventions; Mental Illness and Stress, Group Therapy.

Decision rationale: According to ODG guidelines, Group Therapy is typically indicated for PTSD, which the patient does not have. Cognitive Behavioral Therapy and Psychotherapy are recommended up to 10 and 20 visits respectively with evidence of functional improvement. However, notes suggest the patient has had at least this many visits in the past including extensive group therapy. Documentation of ongoing objective functional improvement is lacking. Specific rationale for treatment in excess of guideline recommendations is not provided. Requested treatment is not medically necessary.

Relaxation Training/Hypnotherapy 1 x 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Hypnosis.

Decision rationale: This is a request for Relaxation Training/Hypnotherapy. According to ODG guidelines, Hypnosis is primarily recommended for patients with PTSD. It is not a therapy per se but an adjunct to other therapies. However, the patient does not have PTSD and has exhausted other therapies. Requested treatment is not medically necessary.

Office Visit: Overturned

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 Visits.

Decision rationale: This appears to be a request for a psychologist office visit for a 57-year-old female injured on 01/01/2006 with major depression, anxiety, chronic pain, insomnia, chronic headaches, and myofascial pain. According to ODG guidelines, office visits are recommended as determined to be medically necessary. The patient has ongoing psychological complaints. Medical necessity is established for office visit.