

Case Number:	CM14-0047640		
Date Assigned:	06/25/2014	Date of Injury:	12/01/2010
Decision Date:	07/28/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/31/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

Based on the records that were provided for this Independent Medical Review, this patient is a 44 year old male who reported Industrial/occupational work-related injury while he was engaged in his normal duties in furniture delivery on December 1st 2010. The nature of the injury was not provided. The patient reports pain in the lumbar spine, cervical spine radiating into both shoulders and left upper extremity, upper back stiffness and tightness, sleep disturbance, and libido disturbances. He has had 2 lumbar spine fusions and a third was suggested. He remains with chronic pain. He has headaches that are at times debilitating. Additional conventional treatment modalities are being considered for him as the first two surgeries failed to improve his condition significantly (e.g., spinal cord stimulator). He has failed back syndrome. A recent progress note from February of 2014 mentions his emotional condition has stabilized with treatment; he feels more relaxed and motivated to cope with stress. A request for group medical psychotherapy 1 x 6 weeks, and Medical hypnotherapy/relaxation 1 x 6 weeks was made: both were not medically necessary.

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 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, cognitive behavioral therapy page 23-24 Page(s): 23-24.

Decision rationale: I carefully reviewed all of the medical records provided for this independent review which consisted of approximately 122 pages. I was unable to find any clearly stated psychological or psychiatric diagnosis for this patient. There were a couple of notes addressing his psychological status that were very brief. No psychological evaluation was included and there were no detailed notes from prior treatment other than the already mentioned 2 summary progress notes. The patient appears to have approximately 134 group psychotherapy therapy sessions, Although it is clear to me that this patient remains in significant and substantial chronic pain, and is experiencing psychological struggles as a result, he has already had well above the maximum recommendation of treatment. According to the MTUS guidelines for cognitive behavioral therapy patients should be given an initial trial of 3-4 psychotherapy visits over 2 weeks; with evidence of objective function improvement a total of 6-10 sessions over 5 to 6 weeks can be provided. According to the more generous ODG guidelines a maximum of 13-20 psychotherapy can be provided if progress is being made and in some cases 50 sessions can be provided in if there is severe major depressive disorder or PTSD. I wasn't able to find any psychological diagnosis for this patient. Either way, he is greatly exceeded the maximum number of sessions allowed and this request cannot be authorized. Therefore, the request to overturn the non-certification treatment decision is rejected due to exceeding the amount of sessions stipulated by both of the disability guidelines. Therefore, this request is not medically necessary.

Medical Hypnotherapy/ Relaxation Tra 1 x 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter topic Hypnosis.

Decision rationale: According to the ODG the use of hypnosis is recommended for some patients as an option, particularly in cases of a diagnosis of Post Traumatic Syndrome Disorder PTSD or Irritable Bowel Syndrome IBS. I was not able to find any diagnoses for this patient. Based on the records I reviewed, he has had at least 130 hypnotherapy sessions to date. According to the ODG guidelines the number of sessions should be followed the same as it is for psychotherapy (see above) and therefore he has exceeded the maximum allowed of this treatment modality several time over. In addition there was insufficient documentation to support continuing this treatment for this patient as it was presented for this review. This request is not medically necessary.