

Case Number:	CM14-0061638		
Date Assigned:	07/11/2014	Date of Injury:	03/04/1999
Decision Date:	10/06/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 56-year-old female with date of injury of 03/04/1998. Current diagnosis includes bipolar disorder, recurrent with psychosis and anxiety disorder due to pain. According to this report, the patient had her thyroid checked and it is normal. The patient complains that she is tired all the time and has remained in a gluten-free diet and feels better. The weather increases her pain and she finds herself going to bed earlier during these periods. Furthermore, she has gastrointestinal (GI) issues and sleeps with ice packs. She continues to lose weight eating fresh fruits and walking earlier in the day. She needs transportation to the weight management group in Mission Valley. The patient continues to make "incremental improvements." The utilization review denied the request on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 4 times a month: Upheld

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

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

Decision rationale: This patient presents with bipolar disorder and anxiety. The treater is requesting psychotherapy 4 times a month. The MTUS Guidelines do not discuss psychotherapy addressing mental illness. However, Official Disability Guidelines (ODG) supports up to 20 visits over 20 weeks, "if progress is being made." For severe Major Depression or PTD=SD, up to 50 sessions if progress is being made. In this case, the treater does not document how many sessions this patient has had. The utilization review letter alludes that the patient has had a considerable amount of therapy thus far. The 92 pages of records do not show any psychotherapy reports to verify how many treatments the patient has received and with what results. The 12/04/2013 report notes, "Continue with [REDACTED] for psychiatric med management and [REDACTED] for psychotherapy, which has helped keep her stable and prevent relapse." It appears the patient has received psychotherapy in the past. However, the exact quantity was not documented in the reports. MTUS page 8 requires that the treater keep track of the patient's progress. Therefore, the request is not medically necessary.

CD'S for pain management and to help with sleep: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES MENTAL ILLNESS AND STRESS , MUSIC (FOR RELAXATION)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Music (for relaxation/stress management)

Decision rationale: This patient presents with bipolar disorder and anxiety. The treater is requesting CDs for pain management to help with sleep. The MTUS and ACOEM Guidelines do not address this request. However, Official Disability Guidelines (ODG) on music therapy states, "Relaxing music has been found to have a positive effect on stress reduction....Music therapy can improve the symptoms of depression when added to standard antidepressant treatment, with 20 biweekly sessions producing a beneficial effect." Labor Code 4610.5(2) states, "Medically necessary" and "medical necessity" mean medical treatment that is reasonably require curing or relieving the injured employee of the effects of his or her injury. In this case, while music therapy may be beneficial to help the patient manage pain and sleep, MTUS, ACOEM, and ODG do not specifically address music CDs as medical treatment. As such, this request is not medically necessary.

Pain management group education/therapy, medical hypnotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES MENTAL ILLNESS AND STRESS CHAPTER REGARDING HYPNOSIS

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

Decision rationale: This patient presents with bipolar disorder and anxiety. The treater is requesting pain management group education therapy, medical hypnotherapy. The MTUS and ACOEM Guidelines do not address this request. However, Official Disability Guidelines (ODG) on group therapy states that it is recommended as an option for patients with posttraumatic stress disorder (PTSD). While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. In addition, ODG under hypnosis states that it is indicated as an option and therapeutic intervention for posttraumatic stress disorder. Hypnosis may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation, and nightmares for which hypnosis has been successfully used. The treater does not discuss the rationale behind this request. There are no discussions regarding posttraumatic stress disorder, anxiety and dissociation. As such, this request is not medically necessary.

Weight management group:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines on Weight loss program: (http://www.aetna.com/cpb/medical/data/1_99/0039.html)

Decision rationale: This patient presents with bipolar disorder and anxiety. The treater is requesting weight management group. The MTUS Guidelines page 46 and 47 recommends exercise but states, "There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." There are no discussions regarding weight loss programs in other guidelines such as ODG or ACOEM. AETNA Guidelines allow "up to a combined limit of 26 individual or group visits by any recognized provider for 12 months." For those with BMI greater than 30, but excludes [REDACTED], [REDACTED], [REDACTED], or similar programs. In this request, the treater does not specify what weight loss program he is recommending. There are no discussions regarding the patient's weight, height, BMI. There is no mention about the patient's current weight loss regimen including weight loss. The treater also does not specify the duration of the program. As such, this request is not medically necessary.

Acupuncture therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: This patient presents with bipolar disorder and anxiety. The treater is requesting acupuncture therapy. The MTUS Guidelines for acupuncture states that it is used as an option when pain medication is reduced or not tolerated. It may be used as an adjunct to

physical rehabilitation and/or surgical intervention to hasten functional recovery. In addition, MTUS states that an initial trial of 3 to 6 visits is recommended. Treatments may be extended if functional improvement is documented. The UR mentions that the treater has received some acupuncture therapy visits in the past, which "reduced her pain and need for medication." None of the other reports note how many acupuncture treatments the patient has received thus far. While a continued course of acupuncture is reasonable, the number of treatments requested was not specified. Therefore, the request is not medically necessary.

Pain management group therapy to include medical hypnotherapy and transportation:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES MENTAL ILLNESS AND STRESS CHAPTER REGARDING HYPNOSIS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Group therapy, Hypnosis AETNA guidelines on transportation: (www.aetna.com)

Decision rationale: This patient presents with bipolar disorder and anxiety. The treater is requesting pain management group education therapy, medical hypnotherapy. The MTUS and ACOEM Guidelines do not address this request. However, Official Disability Guidelines (ODG) on group therapy states that it is recommended as an option for patients with posttraumatic stress disorder (PTSD). While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. In addition, ODG under hypnosis states that it is indicated as an option and therapeutic intervention for posttraumatic stress disorder. Hypnosis may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation, and nightmares for which hypnosis has been successfully used. Furthermore, ODG Guidelines recommend transportation to and from appointments but only for knee injuries. AETNA Guidelines state, "Regular commuting cost for individual with physical disability are not medical expenses." Medicare part B sometimes cover non-emergency ambulance transportation between home and the hospital or other place of treatment or diagnoses if the patient's doctor certifies in writing that transportation other than an ambulance would endanger the patient's health. The medical documentation regarding this request is very limited. No neurological findings or physical examination was noted in the 92 pages of records. There is no information that indicates the patient is unable to drive or take public transportation to her appointments. Furthermore, there are no discussions regarding posttraumatic stress disorder, anxiety and dissociation to warrant group therapy. Based on all the information presented, there is no medical evidence to support this request. As such, this request is not medically necessary.