

Case Number:	CM14-0064817		
Date Assigned:	08/04/2014	Date of Injury:	08/31/2008
Decision Date:	09/10/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 45 year-old individual was reportedly injured on August 31, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of suicidal ideation, psychotic episodes, and other mental issues. The physical examination was not reported. Diagnostic imaging studies were not addressed. Previous treatment includes postal voiding ultrasound, functional restoration program, psychiatric care, yoga, and other psychiatric interventions. A request had been made for cognitive behavioral therapy and was not certified in the pre-authorization process on April .9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Individual cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines-Psychotherapy Guidelines; Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: As outlined in the MTUS, cognitive behavioral therapies can be in certain instances endorsed for chronic pain protocols. However, progress notes indicate that the treatment is geared towards concerns about diabetes, a loss of feeling of self-worth, and several psychotic episodes (hearing voices). It is also noted that more than 70 sessions of cognitive behavioral therapy have been completed and there is no change in the overall clinical situation. Therefore, when taking into account the parameters outlined in the MTUS, tempered by the amount of therapy completed, there is no noted efficacy with additional interventions and the medical necessity has not been established. Therefore, this request is not medically necessary.

1 CD in Spanish specific to pain management: 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 & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: A review of the records indicate that this CD has been delivered in the past. There is no indication to repeat this delivery. Therefore, this request is not medically necessary.

Uninterrupted medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: There are no current progress notes relative to medications being employed. Furthermore, the records indicate that the psychologist was unaware of which medications are being dispensed. As such, based on lack of clinical information there is insufficient data presented to support this request. The medical necessity cannot be established. Therefore, this request is not medically necessary.

12 Biofeedback sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Biofeedback Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

Decision rationale: The records reflect that a number of sessions of biofeedback have already been completed. This has been augmented with more than 70 sessions of cognitive behavioral

therapy, 12 sessions of therapy, and other psychiatric interventions. When noting the parameters outlined in the MTUS for such intervention, tempered by the amount of psychotherapy delivered, and noting the relative lack of any gift giving gains there is no clinical data presented to support the medical necessity of additional interventions. Therefore, this request is not medically necessary.

12 Medical hypnotherapy sessions: 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 & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: The records reflect that one of the sessions of physical therapy have been completed. The efficacy of this intervention has been established as not being overly efficacious. As such, there is no data presented to suggest that there will be any different outcome and the medical necessity of same is not established.

One culturally sensitive therapeutic interventions: 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 & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: When noting the date of injury, the injury sustained, the amount of psychotherapy delivered (along with other interventions) there is no clear clinical indication for an additional episode of "culturally sensitive therapeutic intervention." At this point, when noting all the interventions completed the medical necessity for this type of intervention has not been established. Therefore, this request is not medically necessary.

One inpatient psychiatric session: 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 & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: There is a single note indicating that an in patient psychiatric hospitalization would be warranted if suicidal ideation increases, however, the progress note

indicates that this is not the clinical situation. As such, there is insufficient data presented to establish the medical necessity of this intervention. Therefore, this request is not medically necessary.