

Case Number:	CM14-0066195		
Date Assigned:	07/11/2014	Date of Injury:	03/07/2013
Decision Date:	11/07/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Psychology 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:

According to the medical records, this is a 64-year-old male patient who reported a work-related injury that occurred during his normal duties for the [REDACTED] on August 1, 2011. There is also a continuous trauma injury from June 1, 2010 to March 7, 2013. On the date of his August 1, 2011 injury he was carrying a large and heavy ladder and a bucket with wet towels in the that he uses to clean walls. The floor was uneven and he tripped and landed on his knees, the ladder fell onto his back. He felt immediate knee pain and has significant swelling. Arthroscopic left knee surgery October 2013 did not result in significant improvement. Areas of injury include his left knee, and neck. The continuous trauma injury is to his mid and lower back. His primary complaint is the left knee. Status post surgery, he is still limping and requires use of a cane. A PR-2 from his treating psychologist notes that he is reporting pain levels of 8-9 in the knee and back. He reports significant levels of depression including feelings of sadness, fatigue, low self-esteem, apathy, hopelessness, loss of pleasure in participating in usual activities, social avoidance, lack of motivation, loss of interest in sex, sleep disturbance, appetite changes, feelings of emptiness, crying episodes but denied suicidal ideation. He stated that he feels depressed because of the pain and having to walk with a cane and not been able to do the work that he normally does. He reports feeling depressed most of the days of the week has decreased appetite and poor quality of sleep. He was having suicidal thoughts but they have resolved. He reports anxiety about the pain and work situation and reports cognitive deficits primarily short-term memory lapses. His Beck Depression Inventory score reflects severe clinical depression and Beck Anxiety Inventory reflects severe anxiety. He has been diagnosed psychologically with: Major Depression, Single Episode, Moderate; Anxiety Disorder, NOS; Sleep Disorder Due To a Medical Condition; Pain Disorder; Opiate Dependence (Industrial Related). An initial psychological evaluation from December 2013 stated that the he has not had any prior

psychological treatments for the stated injuries. A request for: "Group Educational Seminar" unspecified quantity was made, and a separate request for: "follow-up appointments" unspecified quantity was also made. Both requests were non-certified. The psycho-educational group was described as intending to "introduce concepts of stress inoculation, pain management, coping with the loss of functional capacity, and cognitive therapy exercises to provide emotional support from fellow injured workers were also disabled." The utilization review rationale for non-certification of the group psycho-education seminar was stated that the patient is being actively treated with cognitive behavioral therapy, biofeedback, and a medication evaluation and that the additional treatment would be redundant with material that would be presented in the cognitive behavioral therapy and may be an appropriate request later on in his treatment depending on his response to that treatment and was premature at the time of the request was made. The request for follow-up appointments was also determined to not be medically necessary or appropriate because the request is vague with no rationale was provided for the request. This IMR will address a request to overturn these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Education Seminar: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 389.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines states that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. For this patient the number of sessions of: "Group Educational Seminar" was not specified on the request for an IMR application. Because the number of sessions was not specified it essentially is a request for unlimited treatment. The request for unlimited group educational seminar sessions is not supported as being medically necessary. In addition, the patient has been actively participating in psychological treatment consisting of biofeedback and cognitive behavioral therapy, it is unclear how many sessions of those treatment modalities he has already had. No outcome information from those treatment modalities that was provided in terms of functional improvements, it's unclear whether or not he is still engaging in those treatments or has completed the course of therapy. Continued an additional therapy sessions are contingent on documentation of objective functional improvements, no documents regarding this were provided. Without knowing the number of sessions being requested and without information regarding the effectiveness of his prior treatment, the medical necessity of this request has not been established. It appears to be nearly a duplication of treatment that would

have been provided during CBT sessions but in a group rather than individual format. It is unclear how this material would be significantly and materially different from prior individual sessions, and whether or not those differences are sufficient to warrant additional treatment. The request is unsupported and does not appear to be medically necessary.

Follow up appointments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. With respect to this patient, the request for follow-up visits is not supported as being medically necessary. The request is unspecified in terms of quantity. All requests for psychological treatment that are submitted for IMR need to have a specific quantity of the treatment modality written on the application. Without specifying the quantity this becomes essentially a request for unlimited number of follow-up visits. While the concept of follow-up visits in general medical practice are important, the distinction between a follow-up visit and a psychotherapy session is unclear. In general, material that would be discussed in a follow-up visit would consist of the same material that would constitute a psychological treatment session. The distinction between follow-up visits and psychological treatment was not made in this request, in fact no additional information with regards to the reason for follow-up visits was provided in the medical records. The request for unspecified number of follow-up visits is not supported as being medically necessary.