

Case Number:	CM14-0074402		
Date Assigned:	07/16/2014	Date of Injury:	02/27/2009
Decision Date:	08/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/21/2014

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 Psychologist, and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported an injury on 02/27/2009 caused by moving a cart and she fell landing on her hands and knees. The injured worker's treatment history included medications, MRI, surgery, and EMG. The injured worker was evaluated on 05/08/2014, and it was documented that the injured worker had low back, right knee, and left shoulder pain. The provider noted her low back pain travels to her legs; however, she believes her neck pain is related to her shoulder pain. Physical examination of the cervical spine revealed tenderness to palpation over bilateral paracervical muscles, more on the left side, with myospasm and trigger points in the left upper trapezius. Flexion was 150 degrees and abduction was 120 degrees with pain primarily in the periscapular region. The medications included lisinopril 40 mg, atenolol 50 mg, omeprazole 20 mg, and tramadol 50 mg. Diagnoses included S/P left shoulder surgeries, shoulder impingement syndrome, lumbar disc disease, hypertension, GERD, and right knee chronic sprain and medial meniscal injury. The documents submitted lacked evidence of previous cognitive group psychotherapy for the injured worker. In addition, the documents submitted lacked the injured worker's conservative care measures such as pain management and physical medicine outcome measurements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued cognitive group psychotherapy (1 x 6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Mental Illness & Stress Procedure Summary.

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

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) Guidelines, cognitive behavioral therapy can be utilized during Initial therapy or for "at risk" patients. Treatment should include physical medicine with the implementation of the cognitive motivational approach. A psychotherapy Cognitive Behavioral Therapy (CBT) referral after 4 weeks is suggested if there is a lack of progress from physical medicine alone. California MTUS further states: "Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks individual sessions" The documents submitted lacked evidence of previous cognitive group psychotherapy sessions for the injured worker. In addition, there documents submitted lacked the injured worker conservative care measures such as, pain management and physical medicine. Therefore, the request for continued cognitive group psychotherapy one times six is not medically necessary and appropriate.

Medical hypnotherapy/continued relaxation training (1 x 6): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) states that medical hypnotherapy/continued relaxation therapy goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventive or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiologic responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestations of daily, continuous stress. The main disadvantages are that formal training, at a cost, is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. Integrating these relaxation techniques can help create the more stable life balance that is better suited for coping with demanding external stimuli. The documents submitted for review indicated the injured worker had attended previous sessions of cognitive group psychotherapy however, there were lack of evidence of functional improvement from attending the psychotherapy sessions. Given the above, the request for state medical hypnotherapy/continued relaxation therapy training one times six is not medically necessary and appropriate.

Psychological sessions (1 x 4): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention & Psychological Treatment Page(s): 23, 101.

Decision rationale: According to the guidelines psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The documents submitted lacked evidence of previous cognitive group psychotherapy sessions for the injured worker. In addition, the documents submitted lacked the injured worker conservative care measures such as, pain management and physical medicine. Therefore, the request for psychological sessions one time a week times four weeks is not medically necessary and appropriate.