

<b>Case Number:</b>	CM14-0193448		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	11/13/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal Medicine 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 injured worker (IW) is a 35-year-old man with a date of injury of November 13, 2009. The mechanism of injury occurred while stacking TV stands on a pallet. He is status post lumbar fusion in 2011 with revision fusion in 2012. Prior treatments have included physical therapy, medications, injections, and psychotherapy. On July 28, 2014 a previous request for twelve (12) sessions of cognitive behavioral therapy (CBT), six (6) sessions of hypotherapy/relaxation training, and six (6) psychiatric evaluation/monthly follow up appointments were authorized following peer review. Pursuant to the Progress Report and Request for Authorization dated September 26, 2014, the IW reported feeling sad, anxious and irritable. He states that he is still socially isolated. He reports that group therapy is helping to connect with other people going through similar situations. Objective findings revealed a sad and anxious mood apprehensive; depressed affect. He is preoccupied with the possibility of future back surgery. He is unable to attend group treatment consistently due to persistent pain and physical limitations. He appears responsive to treatment when he is able to attend and is therefore in need of further mental health services. Axis I diagnoses were listed as pain disorder with both psychological factors and a general medical condition; major depressive disorder, single episode, moderate; and psychological factors affecting general medical condition. He has also been diagnosed with chronic pain, postlaminectomy syndrome, and brachial neuritis/radiculitis. Current medications include Percocet, Ativan, and Paxil. The provider is requesting authorization for outpatient office visits times three, medical hypotherapy/relaxation treatment times three, and group medical psychotherapy. The IW was participating in a Functional Restoration Program (FRP) in which he attended 13 days total between October 6, 2014 and October 29, 2014. There is a FRP Early Discharge Summary dated October 29, 2014, which reports that IW refused to participate in gym/functional activities while in the program due to exacerbation of pain. He refused all

suggestions for all interventions. Documentation indicated that it became apparent within the first week that the injured worker's commitment was minimal. He appeared disinterested and unengaged. He exhibited maximum pain behaviors while in the clinic, but was observed moving freely while outside the clinic. Of note, urine toxicology was performed October 13, 2014 and results were inconsistent with his prescribed medications.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Three (3) Group Medical Psychotherapy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness and Stress, Cognitive Behavioral Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, three medical psychotherapy sessions are not medically necessary. The guidelines enumerate the criteria for psychotherapy guidelines. Up to 13 to 20 visits over 7 to 20 weeks (individual sessions) that progress is being made. See guidelines for additional details. The provider should evaluate improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In this case, the working diagnoses are status post lumbar fusion with revision fusion in 2012 and depression. Treatment to date includes physical therapy, medications, injections and psychotherapy. In July 2014 12 sessions of cognitive behavioral therapy and six sessions of hypnotherapy/relaxation training were authorized following peer-reviewed. The injured worker recently began group therapy. He completed one session without benefit. Reportedly, the injured worker had unremitting low back pain and left leg pain with an inability to persist in any activities of daily living. A progress note dated September 26, 2014 indicates the injured worker was unable to attend group treatment consistently persisting pain and physical limitations. The guidelines require re-evaluation during the process so treatment failures can be identified early and alternative strategies can be pursued, if appropriate. The documentation does not reflect objective functional improvement and there are major compliance issues set out in the September 26, 2014 progress note. Additionally, the injured worker was prematurely discharged from the functional restoration program. The injured worker was unable to participate, disengaged, and had inconsistent urine drug screens. Consequently, absent the appropriate clinical objective functional improvement and compliance, the requested three medical Group Psychotherapy Sessions are not medically necessary.

#### **Three (3) Medical Hypnotherapy/Relaxation Treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness and Stress, Cognitive Behavioral Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, three medical hypnotherapy/relaxation treatments are not medically necessary. The guidelines enumerated the criteria for psychotherapy guidelines. Up to 13 to 20 visits over 7 to 20 weeks (individual sessions) that progress is being made. See guidelines for additional details. The provider should evaluate improvement during the process so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In this case, the working diagnoses are status post lumbar fusion with revision fusion in 2012 and depression. Treatment to date includes physical therapy, medications, injections and psychotherapy. In July 2014, 12 sessions of cognitive behavioral therapy and six sessions of training were authorized following peer-reviewed. The injured worker recently began group therapy. He completed one session without benefit. Reportedly, the injured worker had unremitting low back pain and left leg pain with an inability to persist in any activities of daily living. A progress note dated September 26, 2014 indicates the injured worker was unable to attend group treatment consistently persisting pain and physical limitations. The guidelines require reevaluation during the process so treatment failures can be identified early and alternative strategies can be pursued, if appropriate. The documentation does not reflect objective functional improvement and there are major compliance issues set out in the September 26, 2014 progress note. Additionally, the injured worker was prematurely discharged from the functional restoration program. The injured worker was unable to participate, disengaged, and had inconsistent urine drug screens. Consequently, absent the appropriate clinical objective functional improvement and compliance, the requested Three Hypnotherapy/Relaxation Treatments are not medically necessary.

**Three (3) Office Visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

**Decision rationale:** Pursuant to the Official Disability Guidelines, three office visits are not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management of patient visits play a critical role in the proper diagnosis and returned to function of an injured worker and should be encouraged. The need for clinical office visit is individualized a step on review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, six monthly follow up visits were authorized in an August 12, 2014 progress note (page 79 of the record). According to the record, the office visits have not been exhausted. There is no clinical rationale in the medical documentation that would support the medical necessity for an additional three additional visits. These three visits

appear to be duplicative of those currently authorized. Additionally, the injured worker was prematurely discharged from the functional restoration program. The injured worker was unable to participate, disengaged, and had inconsistent urine drug screens. Consequently, based on the pre-existing six monthly follow up visits authorized in July 2014, there is no clinical indication for an additional three office visits. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Three Office Visits are not medically necessary.