

Case Number:	CM15-0214401		
Date Assigned:	11/04/2015	Date of Injury:	10/28/2008
Decision Date:	12/23/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 53 year old female who sustained an industrial injury on 10-28-08. Medical records indicate that the injured worker has been treated for depression and anxiety secondary to chronic pain; status post left shoulder surgery with residual pain; cervical sprain-strain, rule out intradiscal disruption; cervical facet arthropathy C2 to C6 bilaterally; thoracic sprain with disc protrusion at T4-5 and T7-8; chronic myofascial pain syndrome, rule out fibromyalgia. She currently (6-29-15) complains of feeling worried, depressed, angry, and lonely and has thought of death without suicidal ideation or plan. She attends groups and finds them helpful understanding her symptoms. She is preoccupied with her emotional symptoms. Physically she has neck pain, left shoulder pain radiating down her left arm and upper back; persistent headaches, gastrointestinal disturbances; forgetfulness and difficulty concentrating. On physical exam, she was tearful, sad, anxious, dysphoric mood. She was independent in her personal hygiene and household chores. She had an electroencephalogram (3-5-07) with normal results. Treatments to date include pain management; medications: (current) Percocet, Lyrica (past): Neurontin with side effects, Ultram, Prozac; trigger point injection (1-2015); individual psychotherapy for stress issues from 9-4-14 to 3-17-15 (per 5-12-15 documentation). The request for authorization was not present. On 10-20-15 Utilization review non-certified the requests for group medical psychotherapy once a week for 6 weeks; medical hypnotherapy-relaxation training, once per week for 8 weeks; office visit with a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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). Upon review of the submitted documentation, it is noted that the injured worker has been treated for chronic pain as well as depression and anxiety secondary to chronic pain. She has undergone individual counseling for the same. The request for Group medical psychotherapy once a week for 6 weeks i.e. six sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

Medical hypnotherapy/relaxation training once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypnotherapy Guidelines.

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

Decision rationale: MTUS is silent on the topic of hypnosis. ODG states that hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks; With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The request for medical hypnotherapy/relaxation training once a week for 6 weeks exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

Office visit with a psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 & Stress / Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." Per the most recent progress report on file dated 6-29-15, she presented being tearful, sad, anxious, dysphoric mood and was being prescribed Prozac for the same. The request Office visit with a psychiatrist X 1 is medically necessary.