

Case Number:	CM15-0085452		
Date Assigned:	05/08/2015	Date of Injury:	02/12/2014
Decision Date:	06/08/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 34 year old male injured worker suffered an industrial injury on 02/12/2014. The diagnoses included depression, generalized anxiety disorder, insomnia, lateral epicondylitis and wrist tendonitis and bursitis. The injured worker had been treated with injections. On 3/23/2015 the treating provider reported persistent headaches and persisting pain that interferes with activities of daily living and sleep. He felt frustrated by the levels of pain and his physical conditions and worries about the future and physical limitations. The injured worker had a sad and anxious mood, poor concentration. On 3/30/2015 the treating provider reported chronic elbow pain. On exam there was pain on flexion and extension and epicondylar tenderness. The treatment plan included Group medical psychotherapy, Medical hypnotherapy, and Office visit. A utilization review determination dated April 9, 2015 indicates that a trial of psychotherapy was authorized. A psychological report indicates that the patient has attended for cognitive behavioral group sessions. The last one was completed on April 28, 2015. A psychological report dated February 10, 2015 indicates that the patient has depressive disorder, generalized anxiety disorder, insomnia, and stress-related physiologic response affecting headaches. A progress report dated May 4, 2015 indicates that the patient has noted improvement due to reports of improved mood and the utilization of breathing exercises to calm himself down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy (cognitive behavioral group psychotherapy x6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for additional psychological treatment, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it appears the patient has undergone 4 psychological group visits. Unfortunately, there is no documentation of the objective or functional improvement. Additionally, it is unclear what treatment goals remain to be addressed or any statement indicating what techniques are being utilized during the therapy sessions. In the absence of clarity regarding those issues, the currently requested psychological treatment is not medically necessary.

Medical hypnotherapy (relaxation training x 6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Regarding the request for medical hypnotherapy/relaxation treatment x 6 sessions, 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. The guidelines recommend an initial trial of 4 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks (individual sessions). Within the documentation available for review, it appears the patient has undergone psychological treatment, and complains of chronic pain. Guidelines support an initial trial of 4 visits. Unfortunately, there is no provision to modify the currently requested 6 visits. As such,

the currently requested medical hypnotherapy/relaxation treatment x 6 sessions is not medically necessary.

Office visit x1: Overturned

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

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

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. 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 the health care system through self care as soon as clinically feasible." Within the documentation available for review, it appears that the treatment recommendations made by the psychologist have not met the burden of medical necessity. Therefore, a follow-up visit to allow the treating psychologist to change the request, or provide medical documentation supporting their use, seems reasonable. Therefore, the currently requested follow-up visit is medically necessary.