

Case Number:	CM14-0118679		
Date Assigned:	08/06/2014	Date of Injury:	04/12/2011
Decision Date:	09/30/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/29/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 47-year-old male who has submitted a claim for adjustment disorder, and depressed mood associated with an industrial injury date of 4/12/2011. Medical records from 2011 to 2014 were reviewed. Patient complained of symptoms of depression and anxiety secondary to pain. Patient felt hopeless about his future and his inability to work. Symptoms of social withdrawal, loss of interest in activities, loss of interest in sex, decreased motivation, sleep difficulties, nightmares, and fatigue were noted. Mental status showed that patient was depressed with a flat affect. Progress report from 9/7/2011 cited diagnosis of erectile dysfunction. Epworth Sleepiness Scale from 09/07/2011 report was rated 11. Progress report from 10/16/2013 stated that referral to urology was authorized. Treatment to date has included open reduction internal fixation of the left elbow, right knee arthroscopy, right knee injection, elbow splint, 10 psychotherapy sessions, 8 sessions of group psychotherapy, and medications such as Vicodin, BuSpar, and mirtazapine. Utilization review from 7/18/2014 denied the request for group psychotherapy one session per week x 8 weeks because there was no mention of specific time limited functional goals of treatment; denied sleep study because there was no documentation for sleep hygiene and Epworth Sleepiness Scale; denied referral to urologist for sexual dysfunction because there was no current complaints relating to such; and denied referral to internist for gastro-problems because there was no abnormal gastrointestinal examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy 1 session/week x8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- (CBT).

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

Decision rationale: As stated on page 101 of California MTUS Chronic Pain Medical Treatment Guidelines, psychological intervention for chronic pain includes addressing co-morbid mood disorders (such as depression, anxiety, and posttraumatic stress disorder). Page 23 states that initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Initial psychotherapy of 3-4 visits over 2 weeks is the recommendation. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions) may be recommended. In this case, patient complained of symptoms of depression and anxiety secondary to pain. Patient felt hopeless about his future and his inability to work. Symptoms of social withdrawal, loss of interest in activities, loss of interest in sex, decreased motivation, sleep difficulties, nightmares, and fatigue were noted. Mental status showed that patient was depressed with a flat affect. However, patient already completed 10 psychotherapy sessions and 8 sessions of group psychotherapy. There was no documentation concerning objective functional improvement from these sessions. There was no clear indication for extension of therapy services at this time. The medical necessity cannot be established due to insufficient information. Therefore, the request for Group psychotherapy 1 session/week x8 weeks is not medically necessary.

Refer for sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- (<http://www.odg-twc.com/odgtwc/pain.htm>).

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

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the ODG, Pain Chapter was used instead. According to ODG, criteria for polysomnography include excessive daytime somnolence; cataplexy; morning headache; intellectual deterioration; personality change; and insomnia complaint for at least six months, unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In this case, patient reported sleep difficulties. Epworth Sleepiness Scale on 09/07/2011 showed a score of 11, without recent re-assessment. Moreover, there was no discussion concerning sleep hygiene. The medical necessity cannot be established due to insufficient information. Therefore, the request for SLEEP STUDY is not medically necessary.

Refer to Urologist for sexual dysfunction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd edition (body chapters 8-14) ACOEM Guidelines 2nd edition (text page 127).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of erectile dysfunction since 9/7/2011. However, there was no recent discussion concerning signs and symptoms pertaining to this complaint. Moreover, progress report from 10/16/2013 stated that referral to urology was authorized. No official evaluation report from the specialist was submitted for review. It is unclear why another referral is being requested at this time. Therefore, the request for Refer to Urologist for sexual dysfunction is not medically necessary.

Refer to Internist for gastro problems: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd edition (body chapters 8-14) ACOEM Guidelines 2nd edition (text page 127).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, there were no subjective complaints or objective findings pertaining to the gastrointestinal system to warrant this service. The medical necessity cannot be established due to insufficient information. Therefore, the request for Refer to Internist for gastro problems is not medically necessary.