

Case Number:	CM14-0166876		
Date Assigned:	10/14/2014	Date of Injury:	07/15/2000
Decision Date:	11/17/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/09/2014

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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:

This is a 44 year old male who was injured in January of 2000. The patient is diagnosed with bipolar disorder. Medications include Lorazepam 4 mg daily, Lithium 600 mg daily, Tegretol 400 mg daily, Paxil CR 25 mg daily, Ambien CR 25 mg at hs, and Zydys 10 mg daily. He apparently has struggled with obesity and has had an 80 pound weight gain over the preceding decade. His weight is reported as 240 pounds. The provider is requesting coverage for 4 psychotherapy sessions, 4 biofeedback sessions, 4 pain management group sessions, 4 medical hypnotherapy sessions and weight management sessions. The previous reviewer denied the request due to lack of medical necessity. This is an independent review for medical necessity for the above requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Psychotherapy sessions:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy

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, Summary of Medical Evidence

Decision rationale: The ODG indicates up to 13-20 visits with up to 50 visits in cases of severe depression or PTSD when there is evidence of progress. This patient has evidently had psychiatric treatment times several years. He has been hospitalized in the past but it is not known if this was related to depression or mania. The records document that the patient has had at least 20 psychotherapy sessions authorized including 12 additional sessions from 8/7/2014-8/7/2015 and the degree of progress is not certain. A diagnosis of PTSD was not recorded in the chart and it is not clear that the patient is suffering from severe depression at the present. The request appears to be duplicative of the already authorized 12 sessions and appears to exceed the number of sessions recommended by the above cited evidence based guideline. As such medical necessity for the 4 psychotherapy sessions is not established. Therefore, the request is not medically necessary.

4 Biofeedback sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain interventions and Treatment Page(s): 24.

Decision rationale: The State of California MTUS indicates that biofeedback is not recommended as a stand alone therapy but rather indicate its use in conjunction with Cognitive therapy. The patient is receiving ongoing treatment for bipolar disorder which includes medication management and psychotherapy but it is not clear that he is receiving cognitive therapy. Thus the data reviewed do not establish that the requested biofeedback is indicated as it is not clear that it is to be administered in conjunction with CBT as indicated by the above stated evidence based guideline. Therefore the request is not medically necessary.

4 Pain management group sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2- Pain Interventions and Treatments Page(s): 30-33.

Decision rationale: The patient apparently has had pain management sessions. It is noted that 8 sessions were authorized in the spring of this year. The patient continues to suffer from high levels of pain and thus continued sessions appear to be warranted. The State of California MTUS recommends a maximum of 20 sessions. Given the patient's continued symptomatology and the lack of evidence that he has exceeded the maximum recommended by the evidence based guideline cited, the 4 sessions appear to be medically necessary. The request is medically necessary.

4 medical hypnotherapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness, Summary of Medical Evidence

Decision rationale: The above recommends hypnotherapy specifically for patients with PTSD. As noted above, the records submitted give no indication that the patient had symptoms of or was diagnosed with this condition. The writer has been unable to find any evidence based guideline or current peer reviewed literature supporting use of hypnotherapy for this condition and the State of California MTUS do not specifically recommend it. Given the lack of an evidence based indication for this modality, the request is not medically necessary.

Weight management sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in the United States, Adam Gilden Tsai, MD, and Thomas A. Wadden, PhD Annals of Internal Medicine Volume 142, Number 1 4 January 2005, pp 56-66

Decision rationale: The highest tier of evidence available was the above review article. The writers looked at efficacy of weight management programs and concluded that the evidence in support of the use of commercial weight management programs is suboptimal and that controlled trials are needed to assess their efficacy. Given the lack of firm evidence supporting the use of weight management programs, medical necessity for the requested intervention is not established according to current clinical research, evidence based best practice standards and expert consensus. Therefore, the request is not medically necessary.