

Case Number:	CM14-0170816		
Date Assigned:	10/23/2014	Date of Injury:	08/31/1998
Decision Date:	11/25/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 Psychiatry, 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:

Injured worker is a 52 year old male with date of injury 8/31/1998. Date of the UR decision was 10/21/2013. Mechanism of injury was identified to be repetitive overhead motion. The injured worker underwent cervical fusion of C5-C7, spinal stimulator, medication management, epidural steroid injections and cognitive behavior therapy. He was diagnosed with Chronic pain syndrome, Chronic postoperative pain, Cervicalgia, Radiculitis/cervical, postlaminectomy syndrome, cervical, Stenosis/cervical, Degeneration intervertebral disc/cervical, headaches, pain in joint, shoulder, disturbance skin sensations, numbness, paresthesia and Insomnia. Report dated 11/15/2013 indicated that that he noticed that the pain is better in warm weather. There was noted to be increase in agoraphobia. Reported dated 11/22/2013 suggested there was an increase in anxiety. The injured worker was being prescribed Risperidal, Prozac, Neurontin, Wellbutrin, Xanax, Oxycontin, Ambien, Fentanyl, Percocet and Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy Quantity Requested: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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)It was indicated that the injured worker has undergone treatment with Cognitive Behavior Therapy, however the number of sessions so far have not been identified. Also, there is no information regarding any evidence of objective functional improvement. The request for Cognitive Behavioral Group Psychotherapy Quantity Requested: 12.00 is not medically necessary based on lack of information of prior treatment and also because it exceeds the guideline recommendations for chronic pain.

Hypnotherapy Relaxation Training Quantity Requested: 12.00: 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 and Stress

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

Decision rationale: ODG states "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 Hypnotherapy Relaxation Training Quantity Requested: 12.00 exceeds the guideline recommendations and thus is not medically necessary.

Psychiatric Evaluation Quantity Requested: 1.00: 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 and Stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Report dated 11/15/2013 indicated that that he noticed that the injured worker reported that the pain was better in warm weather. There was noted to be increase in agoraphobia. Reported dated 11/22/2013 suggested there was an increase in anxiety. The injured worker was being prescribed Risperidal, Prozac, Neurontin, Wellbutrin, Xanax, Oxycontin, Ambien, Fentanyl, Percocet and Amitryptiline. The request for Psychiatric Evaluation Quantity Requested: 1.00 is medically necessary based on the Psychiatric symptoms and the medications being prescribed to him.

Monthly Follow Up Appointments For 6-8 Months Quantity Requested 1.00: Upheld

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

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, Office visits Stress related conditions

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. 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 the health care system through self care as soon as clinically feasible." Report dated 11/15/2013 indicated that that he noticed that the injured worker reported that the pain was better in warm weather. There was noted to be increase in agoraphobia. Reported dated 11/22/2013 suggested there was an increase in anxiety. The injured worker was being prescribed Risperidal, Prozac, Neurontin, Wellbutrin, Xanax, Oxycontin, Ambien, Fentanyl, Percocet and Amitryptiline. Some of the medications being prescribed such as Xanax and Ambien are not indicated for long term use. Also, medications like Risperidone are not generally indicated for conditions covered by ODG. The request for Monthly Follow Up Appointments For Months Quantity Requested 1.00 is excessive and not medically necessary as the injured worker's condition does not warrant monthly medication management sessions.