

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0101142 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 01/28/2004 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 06/19/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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. 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: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on January 28, 2004. He reported an injury to his right upper extremity. Treatment to date has included ulnar nerve transposition surgery, carpal tunnel release, medications, physical therapy, TENS unit, home exercise program, psychotherapy, relaxation training, acupuncture and trigger point injections. Currently, the injured worker reports that the impact from his pain has been moderate to severe. He reports a loss of activity with his family and a complete loss of social activity from the community. He is unable to engage in any of his prior hobbies such as hiking, hunting, basketball and doing woodwork. The injured worker has a history of anxiety, depression and panic attacks. He has gained over 50 pounds in the previous 24 months. He reports that he has had thoughts about harming or killing himself. The diagnoses associated with the request include complex regional pain syndrome. The treatment plan includes pain medications, one set of CDs to help with relaxation and coping skills, a three-month gym membership and sixteen group psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) group psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines and Mental Illness and Stress (acute and chronic).

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

Decision rationale: The Official Disability Guidelines allow for an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). The number of visits requested exceeds the maximum amount stipulated. The original review modified the request from 16 sessions to 6 sessions. Sixteen (16) group psychotherapy sessions is not medically necessary.

One (1) set of CDs to help with relaxation and coping skills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Relaxation techniques. Decision based on Non-MTUS Citation The Official Disability Guidelines, Mental Illness & Stress.

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

Decision rationale: It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. There are no recommendations within either guide for the issue of relaxation CD's. One (1) set of CDs to help with relaxation and coping skills is not medically necessary.

Three (3) month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) shoulder, (Acute & Chronic) and low back - Lumbar & thoracic (Acute & Chronic) Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Gym membership, Forearm, Wrist, & Hand (Acute & Chronic).

Decision rationale: A private gym membership is not considered to be medical treatment. Exercise at the gym is typically unsupervised and there is no feedback to the treating physician. Neither the MTUS nor the Official Disability Guidelines recommended unmonitored exercise not overseen by a medical professional. Three (3) Gym membership is not medically necessary.