

Case Number:	CM14-0217915		
Date Assigned:	01/07/2015	Date of Injury:	11/23/2013
Decision Date:	03/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: Psychologist

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 21-year-old male, with a reported date of injury of 11/23/2013. The diagnoses include cervical disc herniation with myelopathy, lumbar disc displacement with myelopathy, sciatica, thoracic disc displacement without myelopathy, partial tear of the rotator cuff tendon of the bilateral shoulders, rib sprain/strain, intercostal neuritis, left ankle sprain/strain, and post-concussion syndrome. Treatments have included acupuncture, an MRI of the thoracic spine, with unremarkable findings, and a cane. The pain management re-evaluation report dated 11/11/2014 indicates that the injured worker had complaints of chest pain, mid-back pain, low back pain, bilateral shoulder pain, and right foot and ankle pain. He indicated that the acupuncture had been discontinued. The injured worker was still unable to do much activity because of pain and was not using any medication. The physical examination showed slight tightness in the interscapular area of the thoracic spine, limited range of motion of the lumbar spine, and intact nerve and circulation. The treating physician requested eight office consults high complexity. It was noted that there was a psychological component that needed to be addressed by a psychologist. It appears that the injured worker completed a psychological evaluation however, that report was not included for review. According to the "Peer Clinical Review Report" dated 12/5/14, the injured worker was diagnosed with the following: Depressive disorder, NOS; Anxiety disorder, NOS; Insomnia; R/O Mental disorder NOS due to head trauma; Stress-related physiological response affecting headaches; and R/O Cognitive disorder, NOS. On 12/09/2014, Utilization Review (UR) denied the request for eight (8) office consults high complexity (3 of 3), group psych 1X6 weeks, and medical hypnotherapy/relaxation 1X6

weeks, noting that psychological evaluation was still in process and appropriate monitoring of the injured worker's status was the responsibility of the treating physician. The MTUS Chronic Pain Guidelines and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Office consultant high complexity (3 of 3): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury in November 2013. Although it was noted that the injured worker exhibited some psychiatric symptoms secondary to his chronic pain and there is reference to the fact that a psychological evaluation was "in the process of being completed", there were no psychological records included for review. Without any psychological notes/reports, the request for any follow-up office visits nor psychological services/treatments cannot be determined. As a result, the request for 8 office visits is not medically necessary.

Group Psych 1 x 6 wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury in November 2013. Although it was noted that the injured worker exhibited some psychiatric symptoms secondary to his chronic pain and there is reference to the fact that a psychological evaluation was "in the process of being completed", there were no psychological records included for review. Without any psychological notes/reports, the request for any follow-up office visits nor psychological services/treatments cannot be determined. As a result, the request for 6 group psychotherapy sessions is not medically necessary.

Medical Hypnotherapy Relaxation 1 x 6wks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury in November 2013. Although it was noted that the injured worker exhibited some psychiatric symptoms secondary to his chronic pain and there is reference to the fact that a psychological evaluation was "in the process of being completed", there were no psychological records included for review. Without any psychological notes/reports, the request for any follow-up office visits nor psychological services/treatments cannot be determined. As a result, the request for 6 hypnotherapy/relaxation sessions is not medically necessary.