

Case Number:	CM15-0079110		
Date Assigned:	05/05/2015	Date of Injury:	11/01/2004
Decision Date:	06/23/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Physical Medicine & Rehabilitation

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 52 year old, male who sustained a work related injury on 11/1/04. The diagnoses have included major depressive disorder, lumbar radiculopathy and cervical radiculopathy. The treatments have included psychotherapy, medications and aqua therapy. In the PR-2 dated 3/6/15, the injured worker is very agitated. He has been depressed due to inability to play with his grandchildren. He is unable to focus and cannot maintain a thought. He is having trouble remembering things. He is depressed, discouraged and has periods of feeling hopeless. He gets angry and frustrated. He feels like he cannot do anything. He is requesting psychotherapy. He complains of increased back pain that travels through his back, into his shoulder blades and up into his neck. He has excruciating pain if not careful with movements. The treatment plan is to request authorization for additional psychotherapy sessions and for a gym membership to resume aqua exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Psychological treatment.

Decision rationale: The patient presents with back, shoulder and neck pain. The request is for psychotherapy. The request for authorization is dated 03/06/15. The patient is status-post C3-C5, C6-7 hybrid reconstruction, date unspecified. Status-post L5-S1 bilateral transforaminal lumbar interbody fusion (TLIF), date unspecified. The patient explains that every movement has to be calculated so as to avoid excruciating pain. He gets very depressed, discouraged, and has periods of hopelessness, and reports he needs psychotherapy. He became tearful and explained, "Just sitting in this chair, my pain is tolerable. How much more medication should I take before I can't function at all?" His blood sugar has been out of control, and he has been advised that he has to go back on insulin, which has also contributed to his depression and feelings of desperation. The patient's work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "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, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks -individual sessions, if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per progress report dated 01/12/15, treater's reason for the request is "to decrease anxiety and depressive symptoms, increase pain management and stress management techniques, and to encourage increased activities of daily living and improve his quality of life." In this case, it appears the patient is suffering from severe depression and individual sessions of psychotherapy would be indicated. MTUS guidelines allow up to 20 visits of individual sessions. Review of provided medical records show patient previously attended 11 sessions of psychotherapy. The request for 6 additional sessions of psychotherapy is within guideline recommendation. Therefore, the request is medically necessary.

Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back, Gym Memberships.

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

Decision rationale: The patient presents with back, shoulder and neck pain. The request is for gym membership. The request for authorization is dated 03/06/15. The patient is status-post C3-C5, C6-7 hybrid reconstruction, date unspecified. Status-post L5-S1 bilateral transforaminal lumbar interbody fusion (TLIF), date unspecified. The patient explains that every movement has to be calculated so as to avoid excruciating pain. He gets very depressed, discouraged, and has periods of hopelessness, and reports he needs psychotherapy. He became tearful and explained, "Just sitting in this chair, my pain is tolerable. How much more medication should I take before I can't function at all?" His blood sugar has been out of control, and he has been advised that he has to go back on insulin, which has also contributed to his depression and feelings of desperation. The patient's work status is not provided. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines state that gym memberships are "Not recommended as a

medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Per progress report dated 03/06/15, treater's reason for the request is "so he can return to pool exercise, which has helped him in the past with pain and muscle spasms, as well as improving his mood." However, there are no details nor discussion about the need for the use of specialized equipment such as a pool, and the medical necessity for a pool is not established. There are no indications as to why the patient cannot participate in traditional weight-bearing exercises and how aquatic therapy will benefit him. Furthermore, there are no plans for medical supervision at the gym. MTUS does not support gym memberships unless there is a need for a special equipment to perform necessary exercises and adequate supervision / monitoring is provided. Therefore, the request is not medically necessary.