

Case Number:	CM15-0079575		
Date Assigned:	04/30/2015	Date of Injury:	02/15/2011
Decision Date:	06/02/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/25/2015

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: Texas, New York, 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 applicant is a represented 64-year-old who has filed a claim for chronic low back, mid back, and neck pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of February 15, 2011. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve requests for an additional four sessions of psychotherapy and a one-year gym membership. The claims administrator stated that the attending provider did not document how much psychotherapy treatment the applicant had had to date. A February 16, 2015 progress note and associated RFA form were referenced in the determination. The applicant's attorney subsequently appealed. In a March 23, 2015 progress note/letter, the applicant reported ongoing issues with depression with associated variable mood and affect. The applicant also reported "widespread" pain complaints. The attending provider sought authorization for gym membership and further psychotherapy. At the bottom of the report, the applicant was placed off of work. The applicant had been deemed "permanently disabled," the treating provider reported. Ten sessions of psychotherapy were endorsed via an earlier RFA form of December 9, 2014. In an associated progress note of December 9, 2014, the treating provider alleged that the applicant had not had much psychotherapy treatment overall. The treating provider stated that the applicant had issues with depression, anxiety, decreased ability to concentrate, and impaired ability to initiate incomplete tasks. The applicant was given a Global Assessment of Functioning (GAF) of 57. The treating provider stated that the applicant would likely be unable to return to work owing to a combination of her mental health and/or chronic pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 4 Sessions Outpatient Psychotherapy: Upheld

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

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

Decision rationale: No, the request for an additional four sessions of outpatient psychotherapy was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guidelines in ACOEM Chapter 15, page 398, applicants with more serious mental health issues are better-served via a referral to a psychiatrist for medicine therapy, while applicants with work stress and/or person-job fit issues may be handled effectively with talk therapy through a psychotherapist or other mental health professional. Here, by all accounts, the applicant's mental health issues appear to be more severe. The applicant has failed to return to work. The applicant continued to report severe depressive symptoms, diminished concentrating, impair ability to interact with others, etc., resulting in a GAF score of 57, it was reported above. All of the foregoing, taken together, suggested that the applicant's mental health issues were in fact more serious and would be better served through a psychiatry referral as opposed to via psychological counseling. Earlier psychological counseling, it is further noted, had failed to generate any meaningful benefit or functional improvement here. The applicant remained off of work as of the date of the request. The applicant had been deemed permanently disabled, the treating psychologist reported on several occasions above, including on March 23, 2015. It does not appear, in short, that earlier psychotherapy in unspecified amounts had generated functional improvement in terms of the parameters established in MTUS 9792.20e. Therefore, the request for an additional four sessions of psychotherapy was not medically necessary.

1 Year Gym Membership: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 83; 309, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Low Back Problems Gym memberships.

Decision rationale: Similarly, the request for a one-year gym membership was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Thus, page 98 of the MTUS Chronic Pain Medical Treatment Guidelines seemingly takes the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payor responsibility. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that, to achieve functional recovery, that applicants are expected to assume certain responsibilities, one of which includes adhering to and maintaining

exercise regimens. Thus, ACOEM, like the MTUS Chronic Pain Medical Treatment Guidelines, seemingly espouses the position that gym memberships and the like are articles of applicant responsibility as opposed to articles of payor responsibility. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 argues against the need for usage of specialized machines, noting that back-specific exercise machines are "not recommended." Finally, ODG's Low Back Chapter Gym Memberships topic notes that gym memberships are not recommended as medical prescription unless a documented home exercise program has proven ineffectual and there is a need for specialized equipment. Here, the attending provider did not elaborate upon or establish the need for specialized equipment. The attending provider did not establish how (or if) a home exercise program had proven ineffective here. Therefore, the request was not medically necessary.