

<b>Case Number:</b>	CM13-0023903		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 59 year old male with date of injury 1/11/2013. Date of the UR decision was 8/22/2014. Mechanism of injury was described as cumulative work trauma leading to chronic pain in various body parts. He has undergone treatment in form of injections, medications, physical therapy. Injured worker has been diagnosed with Major Depressive Disorder, single; Anxiety disorder NOS, Male hypoactive sexual desire disorder and Insomnia. Report dated 6/19/2013 listed insomnia and sexual dysfunction in assessment section. Per report dated 8/3/2013, the injured worker reported experiencing sadness, decreased confidence, helplessness, hopelessness, loneliness, fear, anger, irritability, difficulty with memory and concentration, decreased motivation, social isolation, family conflict, decreased interest in activities and difficulty sleeping. Report dated 7/9/2013 suggested that he has been undergoing treatment with a Psychologist and was to continue with the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GROUP MEDICAL PSYCHOTHERAPY 1 TIME PER WEEK TIMES 6 WEEKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

**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) Upon review of the submitted documentation, it is gathered that he has been undergoing treatment with a Psychologist and was to continue with the same. There is no information available regarding the type of psychotherapy treatment that he has been in, the number of sessions completed or any evidence of objective functional improvement. The request for Group Psychotherapy once weekly for 6 weeks is not medically necessary based on the above information.

**MEDICAL HYPNOTHERAPY 1 TIME PER WEEK TIMES 6 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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. The request for medical hypnotherapy once weekly for 6 weeks is not medically necessary since the guidelines indicate that its efficacy is limited for chronic low back pain.

**FOLLOW UP OFFICE VISIT:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**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 are recommended as determined to be medically necessary. Evaluation and management (E&M) of 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's 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. The injured worker reported experiencing sadness, decreased confidence, helplessness, hopelessness, loneliness, fear, anger, irritability, difficulty with memory and concentration, decreased motivation, social isolation, family conflict, decreased interest in activities and difficulty sleeping. Based on the continued symptoms, the request is medically necessary.

**PHARMACOLOGICAL MANAGEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**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:** The injured worker has not been prescribed any psychotropic medications at this time. Information regarding the recommendations for treatment of the symptoms including medication recommendations is not available. The names of the medications, quantity requested for individual medications is needed before this request can be considered. At this time, based on the information available, the request for pharmacological management is not medically necessary.