

Case Number:	CM13-0032365		
Date Assigned:	02/03/2014	Date of Injury:	02/01/2013
Decision Date:	04/15/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/07/2013

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 licensed in Psychology 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:

The claimant is a 56 year-old male with a date of injury of 2/1/13. The claimant sustained orthopedic injuries to his hands, shoulders, back, neck, arms and wrist as a result of cumulative, repetitive movements while working as a machine operator for [REDACTED]. In his 1/10/14 "Neurological and Pain Management Narrative Report and Request for Authorization", [REDACTED] diagnosed the claimant with: (1) Chronic myofascial pain syndrome, cervical and thoracolumbar spine; (2) Bilateral chronic tenosynovitis of bilateral wrists; (3) Pain, numbness, and weakness of bilateral hands due to cervical radiculopathy versus peripheral nerve entrapment; and (4) Pain and numbness of the left leg with abnormal neurological examination, most likely due to lumbosacral radiculopathy. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Doctor's First Report of Occupational Injury or Illness" dated 8/28/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder NOS; (3) Insomnia related to anxiety disorder NOS and chronic pain; and (4) Stress-related physiological response affecting headaches and ulcers. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOTHERAPY AND RELAXATION TRAINING FOR PAIN CONTROL TWICE A WEEK FOR 6 MONTHS: Upheld

·

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

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 & Stress Chapter, Hypnosis.

Decision rationale: Based on the review of the medical records, the claimant developed psychiatric symptoms secondary to the chronic pain from his industrial injuries. This request is for initial services following [REDACTED]' initial evaluation in August 2013. Despite over 300 pages of records, there were very limited psychological records included for review. Due to insufficient information, the need for psychological services cannot be determined. As a result, the request for hypnotherapy and relaxation training for pain control is not medically necessary.

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 2 TIMES A WEEK FOR 6 MONTHS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness & Stress Chapter, Cognitive Behavioral Therapy for depression.

Decision rationale: Based on the review of the medical records, the claimant developed psychiatric symptoms secondary to the chronic pain from his industrial injuries. This request is for initial services following [REDACTED]' initial evaluation in August 2013. Despite over 300 pages of records, there were very limited psychological records included for review. Due to insufficient information the need for psychological services cannot be determined. As a result, the request for cognitive behavioral group psychotherapy is not medically necessary.