

Case Number:	CM13-0058106		
Date Assigned:	12/30/2013	Date of Injury:	05/15/2003
Decision Date:	03/20/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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 physician 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:

This patient reported that on May 15, 2003 she felt a pop in her back that was followed by severe low back pain that radiated down the left leg to her ankle. At the time she was picking up a heavy rubber floor mat while cleaning the showers as a part of her normal work for [REDACTED]. She has been diagnosed with chronic lumbar spondylitis with herniated disc and radiculopathy, burning pain, depression and back pain. She has been treated with physical therapy, chiropractic, MRI and other studies, medication, pain management, injections. She reports feeling sad and teary, anxious and reports significant difficult conduction normal activities of everyday life without marked pain. She has been diagnosed with Depressive Disorder, NOS with anxiety; Major Depressive Disorder, Single Episode, Mild, Generalized Anxiety Disorder, Insomnia and Psychological Factors affecting medical condition. A request for 6 relaxation training sessions, a request for 6 hypnotherapy sessions were non-certified. A request for "unknown psychiatric treatment as indicated by a psychiatrist" was conditionally non-certified pending more information being provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Relaxation Training Sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: According to the medical records submitted for review, it appears the patient has had 4 sessions of cognitive behavioral therapy but it is entirely unclear what the therapy consisted of, exactly how many sessions and what if any were the documented objective functional improvements that were achieved from them. According to the treatment guidelines this information is needed to substantiate further treatment. If it is accurate that in the past 10 years since her injury the patient has not had a full course of cognitive behavioral therapy for pain (which includes relaxation therapies), and if the original estimated 4 sessions were in fact beneficial, a certification for up to 6-10 sessions over 5-6 weeks would fall within the guidelines for CBT that includes relaxation. As such, the request is certified.

6 Hypnotherapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 and Stress.

Decision rationale: The treatment guidelines, however, the Official Disability Guidelines (ODG) specifies that hypnosis in the case of a patient with PTSD (posttraumatic stress disorder) might be indicated, as there is no suggestion that this would apply here, the non-certification for 6 sessions of hypnosis is upheld.