

Case Number:	CM13-0064366		
Date Assigned:	01/03/2014	Date of Injury:	02/01/2012
Decision Date:	04/18/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 patient is a 55-year-old who reported an injury on February 1, 2012. The precise mechanism of injury was not provided. The patient was noted to undergo seventy sessions of group therapy and hypnotherapy. The patient's diagnoses were noted to include major depressive disorder single, generalized anxiety disorder, insomnia, and psychological factors associated with disease classified elsewhere. The objective findings on September 27, 2013, revealed the patient was preoccupied about his physical condition and financial circumstances and was anxious and sad. The patient's chief subjective complaints were persisting pain, sleep difficulties, headaches, dizziness, and light headedness. The patient indicated he experiences sweating sensations throughout parts of his body and feels tired and lacks energy and that he tends to socially isolate and lacks motivations and feels angry and irritable. The request was made for group medical psychotherapy one session per week for twelve weeks, medical hypnotherapy relaxation one session per week for twelve weeks, and a follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP MEDICAL PSYCHOTHERAPY, ONCE PER WEEK FOR TWELVE WEEKS:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy; Psychological Treatment Page(s): 23; 101.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that patients who continue to experience pain and disability after the usual time of recovery would benefit from individual or group therapy and with evidence of functional improvement, they would be eligible to participate in up to six to ten visits. The clinical documentation submitted for review indicated the patient had participated in seventy visits of group therapy and hypnotherapy. There was a lack of documentation of objective functional improvement. The request for group medical psychotherapy, one session per week for twelve weeks, is not medically necessary or appropriate.

MEDICAL HYPNOTHERAPY RELAXATION, ONE SESSION PER WEEK FOR TWELVE WEEKS: 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), Pain Chapter, Hypnosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Hypnosis

Decision rationale: The Official Disability Guidelines recommend hypnotherapy as a conservative option depending upon the availability of prior providers. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. They further state with evidence of objective functional improvement a patient may participate in a total of up to ten visits. The patient was noted to have participated in seventy sessions of group therapy and hypnotherapy. There was a lack of documentation of objective functional improvement. The request would not be supported. The request for medical hypnotherapy relaxation, one session per week for twelve weeks, is not medically necessary or appropriate.

FOLLOW-UP VISIT: 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), Mental Illness & Stress Chapter, Office Visit

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, Office Visit

Decision rationale: The Official Disability Guidelines indicate that the need for a clinical office visit with a health care provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation submitted for review indicated the patient had an excessive number of office visits. There was a

lack of documentation indicating a rationale for further office visits. The request as submitted failed to indicate the quantity of visits being requested. The request for a follow-up visit is not medically necessary or appropriate.