

Case Number:	CM13-0065911		
Date Assigned:	01/03/2014	Date of Injury:	11/12/2011
Decision Date:	03/27/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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:

The patient is a 74-year-old male who sustained a work-related injury on 11/11/2011. He was working as a bus boy when he tripped while moving tables; the tables fell on top of him. He has been treated for neck, left shoulder, and bilateral knee pain and is status-post left shoulder rotator cuff repair performed on 4/20/2012. He complains of ongoing pain in his neck, left shoulder, and bilateral knees. The documentation contains evidence of the patient complaining of a sleep disorder, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy once a week for twelve (12) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive-Behavioral Therapy (CBT) Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments.

Decision rationale: On 12/21/2012, the patient was noted as having no psychological symptoms. On 9/11/2013, the patient complained of constant neck pain, constant left shoulder pain, constant low back pain, constant left leg pain, a sleep disorder, anxiety, and depression. On 10/14/13, the patient denied depression, nervousness, mood swings or sleep disturbance. On 10/17/13, the

patient was noted as being very stressed and anxious. Given the inconsistent reports of symptoms and no medical evidence of a functional deficit resulting from the reported psychiatric symptoms, cognitive behavioral group psychotherapy once a week for twelve (12) weeks is not medically necessary. Please note, in contrast to the medical information listed in the Utilization Review dated 11/18/2013, there were no psychological testing reports available for this review, neither was there a doctors first report of injury noting psychological symptoms.

Hypnotherapy/relaxation training, once a week for twelve (12) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Mental Illness and Stress Chapter: Psychotherapy Guidelines: Office Visits.

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, Hypnosis.

Decision rationale: On 12/21/2012, the patient was noted as having no psychological symptoms. On 9/11/2013, the patient complained of constant neck pain, constant left shoulder pain, constant low back pain, constant left leg pain, a sleep disorder, anxiety, and depression. On 10/14/13, the patient denied depression, nervousness, mood swings or sleep disturbance. On 10/17/13, the patient was noted as being very stressed and anxious. The recommended use of hypnosis is for symptoms of Post-Traumatic Stress Disorder (PTSD) and symptoms associated with PTSD. There is no medical evidence this patient is/was suffering from PTSD.