

Case Number:	CM13-0067580		
Date Assigned:	01/03/2014	Date of Injury:	04/12/2011
Decision Date:	06/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/18/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 43-year-old male who reported an injury to his shoulder on 04/12/2011. The mechanism of injury was not provided. The clinical note dated 12/16/2013 noted the injured worker presented with frequent sleep interruptions due to shoulder pain, feelings of sadness, irritable, frustrations with physical limitations, pain increased with cold weather, and finds interactions in group helpful with decreasing sense of isolation and increasing hopefulness. Upon exam, there was apprehensiveness, lack of energy, presentation of dark circles, a sad mood, and seemed to be preoccupied with pain and physical limitations. Previous treatment includes medication and group psychotherapy. The treatment plan included cognitive behavioral group psychotherapy, relaxation training, and psychiatric treatment. The provider recommended 1 session of cognitive behavioral psychotherapy and relaxation therapy (hypnotherapy) once a week for 12 weeks as an outpatient. The Request for Authorization was dated 01/06/2014. The provider's rationale for the cognitive behavioral group therapy is to help the injured worker cope with physical condition, levels of pain, and emotional symptoms. The rationale for the relaxation therapy is to help the injured worker manage stress and/or levels of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SESSIONS OF COGNITIVE BEHAVIORAL PSYCHOTHERAPY: 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),

Stress/Mental; Broadspire Physician Advisory Criteria-Mental Health, Outpatient Individual Psychotherapy for Depressive Disorders.

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

Decision rationale: The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits for 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvement during the therapy. As such, the request is not medically necessary.

RELAXATION THERAPY (HYPNOTHERAPY), ONCE PER WEEK FOR TWELVE WEEKS, AS AN OUTPATIENT: 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), Stress/Mental; Broadspire Physician Advisory Criteria-Mental Health, Outpatient Individual Psychotherapy for Depressive Disorders.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Hypnosis

Decision rationale: CAMTUS/ACOEM state relaxation techniques may be particularly effective for individuals manifesting muscle tension. The Official Disability Guidelines further recommend hypnosis as an intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder. Hypnosis may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation, and nightmares, for which hypnosis has been successfully used. More testing should be done to measure the effect of hypnosis on stress reduction, with or without physical ailment, as preliminary results are positive. Hypnosis is not a therapy, but an adjunct to the treatment of shell shock, battle fatigue, traumatic neurosis--and more recently-- PTSD and dissociative symptomatology. There was a lack of significant objective examination findings to support possible pathology that would warrant relaxation/hypnototherapy. There is a lack of quantifiable data in order to demonstrate significant deficits that would require therapy as well as establish a baseline by which to assess improvement during therapy. As such, the request is not medically necessary.