

Case Number:	CM14-0000159		
Date Assigned:	01/10/2014	Date of Injury:	09/17/2008
Decision Date:	09/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/31/2013

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 Psychologist and is licensed to practice in Utah. 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:

This 46 year old patient had a date of injury on 9/17/2008. The mechanism of injury was not noted. In a progress noted dated 9/27/2014, subjective findings included improving mood with medications. The patient experiences pain in her back, and is sad, frustrated, discouraged. On a physical exam dated 9/27/2014, objective findings included sad and anxious mood, apprehensive, bodily tension. Diagnostic impression shows lumbar sprain, strain with disc disease, depression. Treatment to date: medication therapy, behavioral modification. A UR decision dated 12/12/2013 denied the request for relaxation training sessions 1x/week for 6 weeks, stating that the request is for relaxation training sessions, but within the request is also hypnotherapy, and hypnotherapy is only mildly supported case of PTSD. This is a lumbar strain with anxiety and secondary depression, not a condition amenable to hypnotherapy. This patient is also simultaneously certified for CBT, and the description of the goals are nearly identify to the CBT sessions. This service is duplicative.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAXATION TRAINING SESSIONS 1 X WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The MTUS Stress Related Conditions Guidelines state that it is fundamental to cognitive therapy that the individual plays an important role in how he or she perceives or modifies his or her situation. Cognitive therapy can be problem-focused, with strategies intended to help alter the perception of stress; or emotion-focused, with strategies intended to alter the individual's response to stress. In addition, ODG states that with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks is supported. In a progress report dated 9/27/2014, this patient is noted to suffer from anxiety and depression. Cognitive behavioral group psychotherapy sessions once a week to help patient cope with physical condition, levels of pain, and emotional symptoms for 6 weeks was recommended. It is not clear what benefit the additional request for relaxation training sessions once a week to manage stress and pain for 6 weeks would provide. Therefore, the request for relaxation training sessions once a week to manage stress and pain for 6 weeks is not medically necessary.