

<b>Case Number:</b>	CM14-0001284		
<b>Date Assigned:</b>	04/04/2014	<b>Date of Injury:</b>	01/11/2013
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 58-year-old male with a date of injury on January 11, 2013. The patient has ongoing pain in the neck and back, with secondary anxiety and depression. The patient also complains of social isolation, nervousness, irritability, and anger. The patient also has marital problems due to his emotional state, and lack of support from his employer. Diagnoses include major depressive disorder, anxiety disorder, hypoactive sexual disorder, and insomnia. Physical exam showed tenderness and spasms over the cervical and upper back. Cervical provocative tests were positive bilaterally. There were also low back spasms and positive bilateral provocation tests. Psychologist office notes document that the patient appears sad and anxious, and also notes that the patient is to continue group therapy twice a week and repeat psychologist session in 45 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **OFFICE VISIT WITH A PSYCHOLOGIST, 1 X 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The California MTUS Guidelines recommend behavioral therapy for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. An initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. For this patient, medical reports do not identify the prior amount of psychotherapy attended, and does not clearly establish objective functional improvements. Therefore, the medical necessity for six additional psychologist visits is not established.

**MEDICAL HYPNOTHERAPY, 1 X 6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Hypnotherapy

**Decision rationale:** The California MTUS Guidelines are silent on this issue. The Official Disability Guidelines recommend hypnosis as an option for a defined diagnosis of PTSD (post-traumatic stress disorder). Guidelines also indicate that an initial trial of four (4) visits is recommended. For this patient, a diagnosis of PTSD is not documented, and the request for six (6) visits exceeds guideline recommendations. Therefore, the medical necessity of hypnotherapy is not established.

**GROUP MEDICAL THERAPY 1 X 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT, COGNITIVE BEHAVIORAL THERAPY, 23

**Decision rationale:** The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with pain and co-morbid conditions such as PTSD (post-traumatic stress disorder), depression, and anxiety. The documentation provided indicates the diagnoses of anxiety, and depression. Guidelines also support an initial trial of 3-4 psychotherapy sessions, and with evidence of functional improvement up to 6-10 visits over 5-6 weeks. This patient has been attending group psychotherapy, however the specific objective functional progress to date and number of prior sessions are not known. Therefore, the request for more group psychotherapy sessions is not medically necessary.