

Case Number:	CM14-0002026		
Date Assigned:	01/17/2014	Date of Injury:	07/08/2009
Decision Date:	07/11/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine, 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 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 is a 30 year old female who has reported mental illness and multiple orthopedic conditions attributed to injuries in July of 2009, and possibly other dates as well. Diagnoses include cephalgia, cervical sprain/strain, shoulder sprain/strain, carpal tunnel syndrome, ulnar neuropathy, lumbar sprain/strain, sacroiliac sprain/strain, and knee sprain/strain. Work status on 4/3/13 was "temporarily totally disabled" per the primary treating physician, and there was continued widespread pain. On 4/24/13 the treating psychologist evaluated the injured worker. The medical history lists multiple dates of injury. The diagnoses were Adjustment Disorder with mixed anxiety and depressed mood. GAF score at that time was noted as 60. BAI score was noted to be 10 and BDI score was noted to be 7. The treatment plan included medical psychotherapy, hypnotherapy and relaxation training. Per the treating psychologist reports of 6/3/13, 7/22/13, and 9/9/13, there was unspecified improvement, with ongoing psychiatric symptoms. Additional cognitive behavioral therapy, relaxation training, and hypnotherapy were prescribed. On 12/6/13 Utilization Review non-certified hypnotherapy, relaxation training, and group psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL PSYCHOTHERAPY 1 X WEEK X 6WEEKS: 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 Page(s): 23, 101. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The patient's diagnosis is adjustment disorder which is generally a self limited psychiatric condition and the GAF score does not indicate severe impairment. BAI and BDI scores signify only minimal to mild depression and anxiety. The initial recommendation per the psychological testing report from April was for CBT and Relaxation Training was 1-2 times per week for about 6 months and there is no indication in the record as to why additional sessions are indicated, particularly in view of the diagnosis, BDI and BAI scores, and global assessment of functioning. The MTUS Chronic Pain Guidelines provides specific recommendations for psychotherapy in cases of chronic pain. A trial of CBT is an option, with results of treatment determined by functional improvement. Per the MTUS Chronic Pain Guidelines, the recommended quantity of visits for a CBT trial is 3-4 visits. The maximum quantity of visits for CBT is 10. This injured worker has already completed a course of CBT which exceeds the quantity of visits recommended in the MTUS Chronic Pain Guidelines. The Official Disability Guidelines recommends up to 20 visits for depression, and this quantity has been exceeded as well. The treating physician has not described specific measures of improvement in function and mood, and none of the medical reports from other treating physicians describes any specific improvement either. As such, the request is not medically necessary and appropriate.

MEDICAL HYPNOTHERAPY 1 X WEEK X 6WEEKS: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend hypnosis only for PTSD, which this injured worker does not have. When applicable, the maximum quantity of visits is the same as for psychotherapy. Given the lack of the necessary PTSD diagnosis, the lack of specific improvement as discussed above, and the already completed 25 visits, the request is not medically necessary and appropriate.

RELAXATION TRAINING 1X WEEK X6WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,25. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The ACOEM Guidelines recommends relaxation therapy for stress-related conditions but does not discuss quantity of visits. The Official Disability Guidelines recommend

relaxation training for depression but do not discuss quantity of visits. There is no evidence to date of specific improvement as a result of relaxation training. No functional improvement has been described. 25 visits should be more than adequate to achieve independence in performance of relaxation techniques. No additional relaxation training is medically necessary based on the guidelines and lack of specific benefit to date. The request is not medically necessary and appropriate.