

Case Number:	CM14-0003993		
Date Assigned:	04/25/2014	Date of Injury:	12/31/2008
Decision Date:	08/18/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 Licensed in Psychology and is licensed to practice in Texas. 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 65-year-old female who reported injury on 12/31/2008 of an unknown mechanism. On 09/13/13, the injured worker complained of pain to her face and oral cavity, difficulty controlling her emotions, feelings of social isolation and withdrawal, difficulty communicating, gastrointestinal problems such as nausea, irritability and lack of energy, crying spells and over eating. On prior examiner's documentation, the injured worker appeared to be in a sad, dysphoric mood, close to tears, restless, apprehensive and have body tension. She had diagnoses of depressive disorder, generalized anxiety disorder and primary insomnia. There were no diagnostics available for review. Her medications included; Neurontin, Effexor XR and Remeron. The treatment plan was for cognitive behavioral group, psychotherapy 2x a month for 8 sessions and relaxation training 2x a month for 8 sessions. The Request For Authorization form was signed and dated 11/14/2013. There was no rationale for the request for group medical psychotherapy 2 visits per month for 4 months and medical hypnotherapy relaxation training 2 visits per month for 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP MEDICAL PSYCHOTHERAPY 2 VISITS PER MONTH FOR 4 MONTHS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: The request for group medical psychotherapy 2 visits per month for 4 months is not medically necessary. The injured worker complained of pain to her face and oral cavity, difficulty controlling her emotions, feelings of social isolation and withdrawal, difficulty communicating, gastrointestinal problems such as nausea, irritability and lack of energy, crying spells and over eating. Her past treatments included individual psychotherapy and oral medications. The California MTUS Guidelines recommend behavioral interventions and states that identification and reinforcement of coping skills is often very useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological and physical dependence. Cognitive behavioral therapy (CBT) Guidelines for chronic pain require the patient to be screened for risk factors of delayed recovery, including fear avoidance and beliefs. Initial therapy should include using a cognitive motivational approach with physical medicine for exercise instruction. If the patient lacks progress with physical medicine, consider a separate psychotherapy, CBT referral after 4 weeks. The initial trial of psychotherapy is 4 visits/sessions over 2 weeks or a total of 10 individual sessions over 5 to 6 weeks with evidence of objective functional improvement. Documentation shows that she has had a least one visit with a pshychologist, but there is a lack of documentation of psychological symptoms and deficits to support the necessity of the requested treatment. Therefore, the request for group medical psychotherapy at 2 visits per month for 4 months is not medically necessary.

MEDICAL HYPNOTHERAPY RELAXATION TRAINING 2 VISITS PER MONTH FOR 4 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, HYPNOSIS.

Decision rationale: The request for medical hypnotherapy relaxation training 2 visits per month for 4 months is not medically necessary. The injured worker complained of pain to her face and oral cavity, difficulty controlling her emotions, feelings of social isolation and withdrawal, difficulty communicating, gastrointestinal problems such as nausea, irritability and lack of energy, crying spells and over eating. Past treatments included individual psychotherapy and oral medications. The Official Disability Guidelines recommend hypnosis as a conservative option depending on the availability of the providers with proof and outcome. The quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life with patients with chronic muscular pain. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement up to 10 visits over 6 weeks of individual sessions. There is one clinical note that indicates the injured worker has been seen by a psychologist, however there is lack of documentation to show the injured worker's response to psychotherapy sessions as well as other conservative measures that have been tried. Therefore,

the request for medical hypnotherapy relaxation training 2 visits per month for 4 months is not medically necessary.