

Case Number:	CM14-0005828		
Date Assigned:	02/05/2014	Date of Injury:	04/14/2008
Decision Date:	06/20/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 28-year-old male who reported an injury on 04/14/2008 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included multiple medications, physical therapy, acupuncture, and epidural steroid injections; the injured worker ultimately developed depression and anxiety related to chronic pain. The injured worker was evaluated by a clinical psychologist in 05/2013. It was documented that the injured worker looked tired with low energy, sad, had an anxious mood, and slow speech with a constricted affect at that appointment. The injured worker's treatment plan included cognitive behavioral group therapy and continuation of psychiatric treatment. The injured worker was evaluated on 09/06/2013. It was documented that the injured worker continued to feel sad, frustrated, and irritable due to physical conditions and limitations. It was documented that the injured worker was preoccupied with physical condition and limitations. The injured worker had improved sleep secondary to medications. A recommendation was made for continued psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 1 X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioural Interventions Page(s): 24.

Decision rationale: The requested cognitive behavioral group psychotherapy 1 times 12 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule allows for a 3-4 visit clinical trial for behavioral interventions to establish efficacy of treatment. The clinical documentation does not support that the employee has previously participated in group therapy. Therefore, a trial would be appropriate for this employee. However, the request exceeds the 3-4 visit recommendation for a trial. There are no exceptional factors noted to support extending treatment beyond guidelines recommendation. As such, the requested cognitive behavioral group psychotherapy 1 times 12 is not medically necessary or appropriate.

HYPNOTHERAPY/ RELAXATION TRAINING 1 X 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Hypnosis

Decision rationale: The requested hypnotherapy/relaxation training 1 times 12 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule allows for a 3-4 visit clinical trial for behavioral interventions to establish efficacy of treatment. The clinical documentation does not support that the employee has previously participated in group therapy. Therefore, a trial would be appropriate for this employee. However, the request exceeds the 3-4 visit recommendation for a trial. There are no exceptional factors noted to support extending treatment beyond guidelines recommendation. As such, the requested hypnotherapy/relaxation training 1 times 12 is not medically necessary or appropriate.