

Case Number:	CM14-0007287		
Date Assigned:	02/10/2014	Date of Injury:	05/05/2011
Decision Date:	07/14/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/20/2014

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 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:

The patient is a 54-year-old female who has filed a claim for depressive disorder associated with an industrial injury date of May 05, 2011. Review of progress notes indicates cervical pain radiating into the upper back; thoracic pain radiating into the abdomen; and lumbar pain radiating to the right lower extremity. Patient also reports difficulty with activities of daily living, depression, anxiety, weight gain, stomach upset, difficulty sleeping, and difficulty with sexual activities. Findings include tenderness over the right T11 rib from midline to the mid-axillary line and tenderness at the right T12 rib, hyperesthesia of the right half of the thorax and abdomen from T6-T11 dermatomes, and tenderness over the midline L4 and right L5-S1 facet joint. Treatment to date has included NSAIDs and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 1X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Group therapy.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders. CA MTUS supports an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks is recommended. According to ODG, group therapy is recommended in patients with post-traumatic stress disorder. In this case, the patient reports depression, anxiety, weight gain, stomach upset, difficulty sleeping, and difficulty with sexual activities. However, there is no documentation describing the severity of these symptoms, or of any trials of pharmacologic therapy. Also, the requested number of sessions exceeds guideline recommendations for an initial course of therapy. Therefore, the request for cognitive behavioral group psychotherapy 1x12 is not medically necessary.

MEDICAL HYPNOTHERAPY/RELAXATION TRAINING 1X12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter Hypnosis.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG hypnosis may be effective as an adjunct in the treatment of post-traumatic stress disorder symptoms, such as dissociation and nightmares. In this case, there is no documentation that the patient has symptoms of post-traumatic stress disorder to necessitate this request. Therefore, the request for medical hypnotherapy/relaxation training 1x12 is not medically necessary.