

Case Number:	CM14-0008591		
Date Assigned:	02/12/2014	Date of Injury:	09/03/2002
Decision Date:	07/30/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 58-year-old female who has submitted a claim for insomnia, generalized anxiety disorder, and major depressive disorder; associated from an industrial injury date of 09/03/2002. Medical records from 08/08/2013 to 12/20/2013 were reviewed and showed that patient complained of persistence of pain. She feels helpless and irritable due to her physical condition. She is nervous and tense, lacks motivation and energy, has crying spells, and feels emotional. She also has difficulty concentrating and remembering things. However, she claims to have improved sleep with medications. Physical examination revealed that patient was sad and anxious, and was preoccupied with her physical condition and financial circumstances. Treatment to date has included Vicodin, Flexeril, Ambien, Lidoderm patches, and arthroscopy of the right shoulder. A utilization review dated 01/08/2014 denied the request for cognitive behavioral therapy and hypnotherapy due to lack of objective evidence of functional improvement after previous psychiatric 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 once per week for 12 weeks: 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 9792.20 - 9792.26 Page(s): 23.

Decision rationale: Page 23 of the MTUS Chronic Pain Guidelines recommend behavioral interventions and states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, medical records submitted for review show that the patient had attended previous psychological therapy sessions; however the response to the treatment was not documented. The guideline recommends a continued course of treatment after trial visits provided evidence of symptom improvement. Moreover, the number of visits from previous psychological therapy sessions was not specified; it is unclear whether the total number of visits would exceed the guideline recommendation when the additional sessions are included. An additional course of CBT is not warranted at this time due to lack of information. Therefore, the request is not medically necessary and appropriate.

Hypnotherapy once per week for 12 weeks: 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) Pain Chapter, Hypnosis.

Decision rationale: According to the Official Disability Guidelines, hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. In this case, there was no discussion regarding the indication for hypnotherapy despite the quality of evidence with this therapy being weak. Moreover, the request as submitted does not indicate the number of sessions of hypnotherapy sessions. Therefore, the request is not medically necessary and appropriate.