

Case Number:	CM14-0017062		
Date Assigned:	02/21/2014	Date of Injury:	10/01/2004
Decision Date:	07/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/11/2014

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 37-year-old male who reported an injury on 10/01/2004. The mechanism of injury was not provided. The diagnoses included lumbar radiculitis, chronic pain syndrome, and generalized anxiety disorder. Per the 11/04/2013 progress report, the injured worker reported feeling angry, irritable, sad, and helpless. Under objective findings, the provider noted the injured worker was sad, emotional, and close to tears. The injured worker was noted to be anxious and preoccupied about his health. It was noted the injured worker made some improvement in the duration of his sleep and social functioning. The provider recommended cognitive behavioral group psychotherapy and relaxation training/hypnotherapy to help the injured worker cope with pain and stress. Per the 12/16/2013 progress report, the injured worker reported some improvement with sleep medication. He reported decreased motivation and interest in any social activities. The injured worker also reported feeling tired and lacking energy. Under objective findings, the provider noted the injured worker was sad and anxious, as well as tense and apprehensive. The provider noted the injured worker was better able to manage his anxiety with psychotropic medication and psychotherapy interventions. The treatment plan was unchanged. Prior treatments included medications. The Request for Authorization form for hypnotherapy and group medical psychotherapy was submitted on 12/17/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 12 WEEKLY SESSIONS OF COGNITIVE BEHAVIORAL GROUP MEDICAL PSYCHOTHERAPY BETWEEN 12/16/2013 AND 5/4/2014: 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 Psychological treatment Page(s): 101-102.

Decision rationale: The prospective request for 12 weekly sessions of cognitive behavioral group medical psychotherapy between 12/16/2013 and 5/4/2014 is non-certified. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. The guidelines state psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. For the recommended number of visits, the Official Disability Guidelines were referenced. The Official Disability Guidelines state that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. If progress is being made, up to 13 to 20 visits may be recommended. The medical records provided indicate the injured worker was making progress with psychotropic medications and psychotherapy interventions, but was still experiencing depressive symptoms. The request for cognitive behavioral group therapy would be warranted in this case. However, the request for 12 sessions exceeds the guideline recommendations of a 4 to 6 session trial. As such, the request is non-certified.

PROSPECTIVE REQUEST FOR 12 WEEKLY SESSIONS OF MEDICAL HYPNOTHERAPY/RELAXATION TRAINING BETWEEN 12/16/2013 AND 5/4/2014: 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 and Stress, Hypnosis, and Mental and Stress, PTSD psychotherapy interventions.

Decision rationale: The prospective request for 12 weekly sessions of medical hypnotherapy/relaxation training between 12/16/2013 and 5/4/2014 is non-certified. The Official Disability Guidelines state hypnotic techniques have been reported to be effective for symptoms often associated with PTSD such as pain, anxiety, and repetitive nightmares. The guidelines state a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. If progress is being made, up to 13 to 20 visits may be recommended. The medical records provided indicate the injured worker was improving with psychotropic medication and psychotherapy interventions, but was still experiencing anxious symptoms. The request for hypnotherapy would be warranted in this case. However, the submitted request of 12 sessions exceeds the guideline recommendations of a 4 to 6 session trial. As such, the request is non-certified.

