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| <b>Case Number:</b>   | CM14-0128227 |                              |            |
| <b>Date Assigned:</b> | 08/15/2014   | <b>Date of Injury:</b>       | 08/09/2007 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 08/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/04/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 54 year-old individual was reportedly injured on August 9, 2007. The mechanism of injury was noted as a heavy lifting type of event. The most recent progress note, dated May 19, 2014, indicated that there were ongoing complaints of persistent pain, sleep dysfunction and interruption with activities of daily living. There are elements of depression and anxiety noted as well. The physical examination was not reported. Diagnostic imaging was not presented. The assessment was that some progress was made towards achieving the stated goals and an additional cognitive behavioral group psychotherapy was suggested. Previous treatment included multiple sources of psychotherapy, multiple medications, surgical intervention and other pain management techniques. A request had been made for psychotherapy, hypnotherapy and office visits and was not certified in the pre-authorization process on August 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group Medical Psychotherapy CBT 1 x 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** As outlined in the MTUS, behavioral interventions are recommended. However, the records reflect the numerous sessions of cognitive behavioral psychotherapy and in group session and in relaxation therapy that have been completed without any data to suggest improvement whatsoever. Therefore, when noting the amount of psychotherapy completed and with the very modest subjective improvement claims, there is insufficient medical evidence presented to suggest the need of additional psychotherapy. Therefore, the request is not medically necessary.

**Medical Hypnotherapy/Relaxation Training 1 x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Hypnosis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** As outlined in the MTUS, behavioral interventions are recommended. However, the records reflect the numerous sessions of cognitive behavioral psychotherapy and in group session and in relaxation therapy that have been completed without any data to suggest improvement whatsoever. Therefore, when noting the amount of psychotherapy completed and with the very modest subjective improvement claims, there is insufficient medical evidence presented to suggest the need of additional psychiatric or behavior modification intervention. Therefore, the request is not medically necessary.

**Office Visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Chapter, Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

**Decision rationale:** As noted in the MTUS, referrals and follow-up for psychiatric reasons are endorsed. However, when noting the number of sessions completed, the lack of any gain, and the lack of any data presented in the progress notes as to be accomplished with additional follow-up evaluations, there are insufficient medical records presented to support this and it is not medically necessary based on the data presented.