

Case Number:	CM14-0134621		
Date Assigned:	08/29/2014	Date of Injury:	06/30/2011
Decision Date:	10/06/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 Child and Adolescent Psychiatry 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 injured worker is a 31 year old male who was injured at work on 6/30/2011. He experienced cumulative orthopedic trauma at his job which required him to do repetitive movements in his upper extremities, with frequently raising his arms overhead, bending, kneeling, and squatting. He also reported stress and harassment by his employer. In April 2010 and again on 12/30/2011 he suffered right facial paralysis due to Bell's palsy. His physical symptoms worsened over time, with headaches, pain in his wrists, shoulders, lower back, hips and knees. He was diagnosed with an unspecified orthopedic injury. He received physical therapy, chiropractic care, and analgesic medication for his pain. Later, he developed symptoms of depression and anxiety. The 7/3/14 progress report states that the injured worker's mental health symptoms included sadness, depressed mood, crying spells, social withdrawal, anhedonia, and insomnia. He was diagnosed with Depression, Generalized Anxiety Disorder, Stress Related Insomnia, and Stress Related Physiological Response Affecting General Medical Condition. He received training in breathing techniques, relaxation and hypnotherapy. He also had an unknown number of sessions of individual psychotherapy as well as group psychotherapy sessions. A request was made for group medical psychotherapy medical hypnotherapy/relaxation training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy Medical Hypnotherapy/Relaxation Training: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23.

Decision rationale: MTUS guidelines indicate that cognitive behavioral therapy (CBT) is recommended in the treatment of individuals suffering from chronic pain with associated mental health symptoms.. An initial trial of 3 - 4 sessions over 2 weeks is recommended, to be followed by additional sessions up to a 6 - 10 session maximum if there has been evidence of objective functional improvement. The injured worker is diagnosed with Depression and Generalized Anxiety Disorder. According to the most recent progress report, he has received an unknown number of sessions of both individual psychotherapy and group psychotherapy to date. He has also undergone training in relaxation techniques and hypnotherapy. Based on the information provided, to date the injured worker has likely had more than the guideline recommended maximum number of 10 sessions. Additionally, there is no specific number of sessions in the request for the training. In the absence of knowing the precise number of sessions completed already, the absence of any objective clinical evidence of functional improvement, and the precise number of training sessions, the request for additional sessions is not medically necessary.