

Case Number:	CM14-0024583		
Date Assigned:	03/14/2014	Date of Injury:	01/21/2013
Decision Date:	08/12/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/15/2014

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 Psychologist, and is licensed to practice in Utah. 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 53-year-old female who has submitted a claim for Radicular Neuralgia, Right Sacroiliac Joint Disorder, Right Rotator Cuff Tear, and Cervical Radiculitis associated with an industrial injury date of January 21, 2013. Medical records from 2013 were reviewed, which showed that the patient complained of neck pain and low back pain radiating to the right leg. She also complained of constant headaches and increasing pain in the right shoulder accompanied by numbness of the right hand and fingers. On physical examination, there was crepitus of the right shoulder. Treatment to date has included medications, physical therapy, chiropractic care, acupuncture, massages, home exercise program, right shoulder arthroscopy, and an unknown number of psychotherapy sessions. Utilization review from December 6, 2013 denied the request for medical hypnotherapy 1x week x 6 weeks, relaxation training 1x week x 6 weeks, and group medical psychotherapy 1x week x 6weeks because the requested number of sessions exceeded the guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY 1 TIMES PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Mental Illness and Stress.

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: The California MTUS does not specifically address hypnosis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG states that 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, the medical records failed to provide a clear rationale for hypnotherapy. Furthermore, the present request exceeds the recommended initial trial of 4 visits over 2 weeks. There was no discussion regarding the indication for the requested number of hypnotherapy sessions. Therefore, the request for medical hypnotherapy 1 times per week for 6 weeks is not medically necessary.

RELAXATION TRAINING 1 TIME PER WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Mind/Body Interventions (For Stress Relief).

Decision rationale: The California MTUS does not specifically address mind/body interventions (for stress relief). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the ODG was used instead. The ODG states that mind/body interventions are recommended and have been shown to reduce perceived stress and anxiety. In this case, the medical records failed to provide a clear rationale for relaxation training. The latest progress note also did not indicate findings of stress or anxiety. There is no clear indication for the request. Therefore, the request for Relaxation Training 1 Time per Week For 6 Weeks is not medically necessary.

GROUP MEDICAL PSYCHOTHERAPY 1 TIMES PER WEEK FOR 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: According to page 23 of the California MTUS Chronic Pain Medical Treatment Guidelines, behavioral interventions are recommended. The 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. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of

objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. In this case, the patient previously received an unknown number of psychotherapy sessions, which was reported to have helped her. However, the medical records failed to specify objective evidence of functional improvement with previous psychotherapy. Although psychotherapy may be appropriate, additional information would be necessary to determine if additional sessions would be needed. Therefore, the request for group medical psychotherapy 1 times per week for 6 Weeks is not medically necessary.