

Case Number:	CM14-0025520		
Date Assigned:	06/04/2014	Date of Injury:	08/29/2012
Decision Date:	11/19/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/28/2014

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 Psychologist 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 57-year-old female who reported an injury on 08/29/2012. Mechanism of injury was not submitted for review. The injured worker has diagnoses of major depressive disorder, generalized anxiety disorder and female hypoactive sexual desire to chronic pain. Past medical treatments consist of psychotherapy sessions, injections, and medication therapy. On 03/10/2014, the injured worker complained of pain in her upper and lower extremities. It was noted on physical findings that the injured worker was in a sad mood, anxious mood, restless, and nervous with tension. The medical treatment plan is for the injured worker to continue psychotherapy and hypnotherapy relaxation training. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy once (1) week over six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for group psychotherapy once (1) week over six (6) months is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data, in order to demonstrate significant deficits, which would require therapy as well as establish a baseline by which to assess improvements during therapy. The submitted reports did not indicate any progress notes on how the injured worker was doing with current treatment. Furthermore, the request as submitted exceeds the recommended guidelines. As such, the request for group psychotherapy once (1) week over six (6) months is not medically necessary.

Hypnotherapy relaxation training once (1) week over six (6) months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The request for hypnotherapy relaxation training once (1) week over six (6) months is not medically necessary. ACOEM Guidelines state patients are encouraged to enhance their individual coping skills and to decrease or discontinue maladaptive coping mechanisms such as excessive use of alcohol, tobacco, or other drugs, or excessive food intake. Patients are counseled to redirect their energy to regular aerobic exercise, relaxation techniques and cognitive coping mechanisms. According to the ODG, hypnosis is a recommended option. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress syndrome, or hypnosis may be used to alleviate post-traumatic stress disorder (PTSD) symptoms such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Hypnosis is not a therapy per se, but an adjunct to psychodynamic, cognitive behavioral or other therapies, and has been shown to enhance significantly the efficacy for a variety of clinical conditions. In the specific context of post-traumatic symptomatology, hypnotic techniques have been used for the psychological treatment of shell shock, battle fatigue, traumatic neurosis and more recently PTSD and dissociative symptomatology. Given the above, the injured worker is not within the ACOEM/ODG guidelines criteria. The submitted documentation lacked any indication that the injured worker had any diagnosis congruent with the above guidelines. Furthermore, there was no rationale submitted for review to warrant the medical necessity of hypno-relaxation training. As such, the request is not medically necessary.