

<b>Case Number:</b>	CM14-0026214		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/01/2014

### 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 38-year-old male who reported an injury on 11/08/2011. The mechanism of injury was not provided. On 03/17/2014, the injured worker presented with low back and hand pain. Upon examination, the injured worker was pleasant, cooperative, and in no acute distress and responded appropriately. The injured worker had multiple surgeries that included an amputation of the right thumb. Prior treatment included psychiatric treatment, medications, and surgery. The provider recommended group medical psychotherapy, medical hypnotherapy, relaxation training, and an office visit; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **GROUP MEDICAL PSYCHOTHERAPY 1X12: 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 Chapter: Group Therapy.

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

**Decision rationale:** The request for group health psychotherapy 1x12 is not medically necessary. The California MTUS recommends 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 functional improvement, a total of up to 7 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 request for group psychotherapy 1 time a week for 12 weeks exceeds the recommendation of the guideline. As such, the request is not medically necessary.

**MEDICAL HYPNOTHERAPY/RELAXATION TRAINING 1X12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Psychotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Stress-related Conditions, page(s) 398-404.

**Decision rationale:** The request for medical hypnotherapy relaxation training 1x12 is not medically necessary. The California MTUS/ACOEM Guidelines state the goal of relaxation techniques is to teach the injured worker to voluntarily change his or her physiologic and cognitive function in response to stressors. These techniques can be preventative or helpful for injured workers in chronically stressful conditions, or they may be curative for individuals with specific physiologic responses to stress. Official Disability Guidelines further state that hypnosis is recommended as an option for therapeutic intervention that may be an effective adjunct procedure in the treatment of post-traumatic stress disorder. The criteria for use of hypnosis includes hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis; it is especially valuable for symptoms associated with PTSD. The guidelines recommend up to 3 to 4 visits over 2 weeks and with objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks. There is lack of evidence that the injured worker had signs and symptoms or diagnosis of PTSD. Additionally, the provider's request for hypnotherapy and relaxation therapy 1x12 exceeds the guideline recommendations. As such, the request is not medically necessary.

**OFFICE VISIT 1X12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Office Visit.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visit.

**Decision rationale:** The request for an office visit 1x12 is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an

injured worker. The need for clinical office visit with the healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability and reasonable physician judgment. As the injured worker's conditions are extremely varied, a set number of office visits per condition cannot be reasonable established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self care as soon as clinically feasible. The provider does not have a rationale for office visits and clarification would be needed as to why the request is for 12 visits. As such, the request is not medically necessary.