

Case Number:	CM14-0026231		
Date Assigned:	06/13/2014	Date of Injury:	07/28/2011
Decision Date:	07/16/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 58-year-old female with a reported date of injury of July 28, 2011. The injury reported occurred when the injured worker tripped on a teacher's chair and lost her balance. Her diagnoses were noted to include longstanding and pre-existing depressive disorder with anxiety and aggravated somatic complaints, cervical spine multilateral disc bulges, right shoulder full thickness rotator cuff tear, impingement syndrome, right hip contusion, right knee contusion, medial lateral meniscal tears with severe degenerative joint disease, chondromalacia patella to the right knee, and fibromyalgia with polymyalgia rheumatica. Her previous physical treatments were noted to include lumbar epidural steroid injection, psychology treatment, a cane, brace, surgery, medications, yoga, physical therapy, and acupuncture. Her previous mental treatments were noted to include cognitive behavioral and supportive psychotherapy and psychiatric treatment. The progress note dated November 14, 2013 reported the injured worker's current Global Assessment of Functioning at 55, and Whole Person Impairment rating of 23. The injured worker reported feelings of sad, afraid, angry, and irritable, and was self-critical. and psychiatric treatment. The Request for Authorization form dated 01/20/2014 was for group medical psychotherapy is due to major depression, generalized anxiety, and insomnia. The Request for Authorization dated January 20, 2014 for medical therapy/relaxation training was for depression, anxiety, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP MEDICAL PSYCHOTHERAPY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Illness, Group therapy.

Decision rationale: The injured worker has been receiving psychiatric care and has been involved in some group therapy sessions. The Official Disability Guidelines recommend group therapy as an option for an injured worker with post-traumatic stress disorder, in which an injured worker may participate in therapy with other post-traumatic stress disorder affected people. The guidelines state while group treatment should be considered for injured worker with post-traumatic stress disorder, current findings do not favor any particular type of group therapy over other types. The injured worker has not been diagnosed with post-traumatic stress disorder, which would warrant group therapy according to the guidelines. The request for group medical psychotherapy is not medically necessary or appropriate.

MEDICAL HYPNOTHERAPY/RELAXATION TRAINING: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Illness, Hypnosis.

Decision rationale: The injured worker has received previous psychological treatment. The Official Disability Guidelines recommend hypnosis as an option that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder. Hypnosis may be used to alleviate PTSD (post traumatic stress disorder) symptoms such as pain, anxiety, dissociation, and nightmares, for which hypnosis has been successfully used. The guidelines' indications for the use of hypnosis are symptoms associated with PTSD such as disassociation and nightmares, for which they have been successfully used. PTSD workers who manifest at least moderate hypnotizability may benefit from the addition of hypnotic techniques to the treatment. Because confronting traumatic memories may be difficult for some PTSD patients, hypnotic techniques may provide them with a means to modulate the emotional cognitive dissonance from such memories as they are worked through therapeutically. The injured worker has not been diagnosed with PTSD, therefore hypnotherapy is not warranted at this time. The request for medical hypnotherapy/ relaxation training is not medically necessary or appropriate.