

Case Number:	CM14-0028297		
Date Assigned:	06/13/2014	Date of Injury:	04/08/2010
Decision Date:	07/17/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/05/2014

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 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:

This is a 54 year old female injured worker with date of injury 4/08/10. Per 2/10/14 progress report, she reported persistent pain as well as weakness in her hands. Objective findings included sad and anxious mood; bodily tension; poor concentration. She was preoccupied with her physical symptoms and her levels of pain. Her persisting symptoms of anxiety and depression require continued treatment. She had difficulties engaging in her ADLs due to her physical symptoms. She reported headaches, sensitivity to light and stomach discomfort. She felt sad, nervous, stressed, and overwhelmed. She felt frustrated that she was unable to engage in her ADLs as she did before. She had difficulty concentrating and remembering things. She continued to report sleep difficulties and lacked energy during the day. The date of UR decision was 2/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ADDITIONAL INDIVIDUAL PSYCHOTHERAPY SESSION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychotherapy for MDD (major depressive disorder).

Decision rationale: MTUS states "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."ODG states: "Recommended. Cognitive behavioral psychotherapy is a standard treatment for mild presentations of MDD; a potential treatment option for moderate presentations of MDD, either in conjunction with antidepressant medication, or as a stand-alone treatment (if the patient has a preference for avoiding antidepressant medication); and a potential treatment option for severe presentations of MDD (with or without psychosis), in conjunction with medications or electroconvulsive therapy. Not recommended as a stand-alone treatment plan for severe presentations of MDD."The documentation submitted for review indicates that the patient stated mood and levels of depression were improved with group psychotherapy. The need for individual psychotherapy has not been demonstrated. Medical necessity cannot be affirmed.

SIX ADDITIONAL HYPNOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Stress Related Conditions, 2nd Edition (2008 Revision) pages 1062-1067 (Stress Management Techniques)and ODG (Official Disability Guidelines) Mental Illness & Stress (updated 01/13/2014), Hypnosis.

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

Decision rationale: MTUS is silent on the topic of hypnosis ODG states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited.ODG Hypnotherapy Guidelines:- Initial trial of 4 visits over 2 weeks- With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). Per documentation received, it appears that the injured worker has already been receiving hypnotherapy and has already completed six sessions. Her response to the sessions was not documented. Further information is needed before the decision can be made; therefore, the request is not medically necessary.

6 ADDITIONAL RELAXATION TRAINING SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Stress Related Conditions, 2nd Edition (2008 Revision) pages 1062-1067 (Relaxation Techniques).

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, Stress inoculation training.

Decision rationale: MTUS is silent on the topic of relaxation training.ODG states with regard to Stress inoculation training "Recommended. Studies show that stress inoculation training is an

effective means for reducing performance anxiety, reducing state anxiety, and enhancing performance under stress. (Saunders, 1996) Stress Inoculation Training (SIT) is effective as a treatment for PTSD related to sexual assault." "Relaxation training: teaching patients to control fear and anxiety through the systematic relaxation of the major muscle groups."The documentation submitted for review indicates that the injured worker has already undergone 6 sessions of hypnotherapy or relaxation training. As she is not being treated for PTSD, the request is not medically necessary.