

Case Number:	CM14-0028321		
Date Assigned:	06/13/2014	Date of Injury:	02/23/2013
Decision Date:	07/24/2014	UR Denial Date:	02/26/2014
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 a licensed Clinical Psychologist 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:

Based on the medical records that were provided for this independent medical review, this patient is a 58-year-old female who has a date of injury of February 23rd 2013 when she tripped and fell on a box of paper landing on the right side of her body injuring her right shoulder and face when she hit a wall. A psychological battery was administered by her treating Clinical Psychologist in December 2013 but was not provided for this review. There was one note stating that her medical injury included a right proximal humerus fracture, right shoulder impingement syndrome with RC tendonitis and partial thickness tear. Psychologically there are notes that she is suffering from depression and anxiety and has the following psychological complaints: feeling sad, irritable, crying episodes, appetite change, self-critical, angry, and in general symptoms of depression including lack of motivation, decreased interest in usual activities, anxiety, restlessness, fearfulness, and excessive worry. Her exact psychological diagnoses, if any exist, were not provided. A request was made to provide 12 group cognitive behavioral therapy (CBT) sessions and a second request was made for 12 hypnosis/relaxation therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 COGNITIVE BEHAVIORAL THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.

Decision rationale: According to the MTUS guidelines there needs to be an initial block of 3-4 treatment sessions provided as a trial to determine whether or not the patient is benefiting and showing improvement, the request for 12 treatment modalities does not meet the required protocol of doing an initial trial prior to authorizing a larger block of sessions. Based on the MTUS if there is functional improvement then up to a maximum of 6-10 sessions can be offered. Six sessions is an appropriate and adequate number trial to determine treatment effectiveness, which was certified by the Claims Administrator; if there is documented objective functional improvement as a result of the initial trial then additional sessions can be provided. Therefore, the request for 12 cognitive behavioral therapy sessions is not medically necessary and appropriate.

12 RELAXATION TRAINING AND HYPNOTHERAPY SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental/stress Chapter topic hypnosis, page 21 and page 10 psychotherapy guidelines- cognitive behavioral therapy for depression.

Decision rationale: The MTUS guidelines are non-specific for the use of Hypnosis/relaxation therapy for the treatment of depression and/or pain. However, the Official disability guidelines do address it stating that it can be offered for patients who have Post Traumatic Stress Disorder (PTSD) or Irritable Bowel Syndrome (IBS). ODG guidelines does not address the use for pain or depression directly. However, if it is going be offered it should done as a part of a course of Cognitive Behavioral therapy and not independently. In this case, there is no specific diagnosis provided for this patient so it is not clear if she does or does not have PTSD or IBS. Therefore, the request for 12 relaxation training and hypnotherapy sessions is not medically necessary and appropriate.