

Case Number:	CM14-0031490		
Date Assigned:	06/20/2014	Date of Injury:	03/10/2010
Decision Date:	12/19/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/12/2014

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:

Injured worker is a 42 year old female with date of injury 1/1/2010. Date of the UR decision was 12/9/2013. The injured worker's pain developed pain in neck, back and right arm secondary to work related injury. Report dated 11/18/2013 stated that the injured worker presented with subjective complaints of anxiety, depression, feeling useless, unproductive, angry, irritable, emotional, sensitive, helpless and frustrated due to physical condition and limitations. Objective findings were feeling sad, anxious, apprehensive, and tense and feeling preoccupied about her physical condition and limitations. Cognitive behavioral group psychotherapy x12 sessions and relaxation training/hypnotherapy x 12 sessions were recommended by the treating provider. Per report dated 10/2/2013, the injured worker has been diagnosed with Depressive disorder NOS, Anxiety disorder NOS, Insomnia related to anxiety disorder and chronic pain, Stress related physiological response affecting general medical condition, gastrointestinal disturbances and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive Behavioral Group Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 101-102.

Decision rationale: California MTUS states that behavioral interventions are 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. An ODG Cognitive Behavioral Therapy (CBT) guideline for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)Upon review of the submitted documentation, it is gathered that the injured worker is a good candidate for behavioral treatment of chronic pain. However, the request for 12 Cognitive Behavioral Group Therapy exceeds the guideline recommendations for an initial trial of 3-4 visits. Thus, the request is not medically necessary.

12 Relaxation/hypnotherapy training: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic)

Decision rationale: 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).The request for 12 relaxation/hypnotherapy training exceeds the guideline recommendations for an initial trial of 4 visits. Thus, the request is not medically necessary.