MAXIMUS Federal Services

Case Number:	CM14-0032256		
Date Assigned:	06/20/2014	Date of Injury:	11/17/2008
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 57-year-old male with a reported date of injury on 11/17/2008. The injury reportedly occurred when the worker was performing duties as a truck driver. The injured worker presented with symptoms of depression and anxiety. The injured worker presented with neck pain rated at 5/10, bilateral shoulder pain rated at 7/10, low back pain rated at 7/10, knee pain, rated at 8/10. The clinical documentation indicated the injured worker previously participated in psychological treatment, the results of which were not provided within the documentation available for review. Psychological testing dated 02/11/2014 revealed the injured worker continued to report clinical symptoms of anxiety and depression. On the Beck Anxiety Inventory exam, the injured worker scored a 21, which is indicative of severe symptoms of anxiety. The Beck Depression Inventory II test revealed the injured worker's score was 29, suggesting that the injured worker presented with severe depression. The injured worker's diagnoses included chronic neck pain, left shoulder degenerative joint disease, bilateral lumbar radiculopathy, left shoulder cuff repair, neural foraminal stenosis at L1-S1, and partial thickness tear at supraspinatus, infraspinatus, and subscapularis, as well as anxiety and depression. The injured worker's medication regimen included Anaprox, Ultram, Norco, Percocet, Protonix, Cymbalta, amlodipine/ (benazepril, digoxin, metoprolol, simvastatin, tamsulosin, and warfarin. The Request for Authorization for outpatient group therapy 1 time a week for 12 weeks, 1x12 and Hypnotherapy one time a week for twelve weeks (one times twelve) was submitted on 03/10/2014. The rationale for the request included that the injured worker would decrease frequency and intensity of depressive symptoms, increase levels of motivation and hopefulness, improve duration and quality of sleep, and decrease frequency and intensity of anxious symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient group psychotherapy one (1) time a week for twelve (12) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The clinical documentation provided for review indicates the injured worker has previously been treated with psychotherapy in 2009 and in 2010, the results of which were not provided within the documentation available for review. There is a lack of documentation related to previous psychological care and the therapeutic and functional benefit in the ongoing utilization of ongoing psychological care. Therefore, the request for Outpatient group psychotherapy one time a week for twelve weeks one times twelve is not medically necessary.

Hypnotherapy one (1) time a week for twelve (12) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Stress, Hypnosis & Psychotherapy.

Decision rationale: The Official Disability Guidelines recommend hypnosis as an option. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder. Hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, and disassociation and nightmares, for which hypnosis has been successfully used. The clinical documentation provided for review indicates the injured worker denied having nightmares. In addition, there is a lack of documentation related to the injured worker having a diagnosis of PTSD. In addition, the guidelines state that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement, and up to 13 visits to 20 visits over 7 weeks to 20 weeks if progress is being made. The request for 12 visits exceeds recommended guidelines. Therefore, the request for Hypnotherapy one time a week for twelve weeks (one times twelve) is not medically necessary.