

Case Number:	CM14-0033979		
Date Assigned:	06/20/2014	Date of Injury:	07/08/2008
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/18/2014

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 47-year-old male who reported an injury on 07/08/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 04/21/2014 indicated diagnoses of major depressive disorder, single episode, mild; generalized anxiety disorder; and male hypoactive sexual desire disorder due to chronic pain. The injured worker reported pain in his back left leg and left lower extremity. The injured worker reported cramps in his stomach and difficulty controlling his emotions and impulses. The injured worker reported feeling isolated and withdrawn, sad, tired, irritable, fearful, helpless, anxious, and depressed. On physical examination, the provider noted the injured worker's mood was sad, anxious, nervous, and noted that the injured worker's body was tense. The injured worker's prior treatments included group therapies and medication management. The injured worker's medication regimen included Trazodone and Zoloft. The provider submitted a request for group medical psychotherapy and medical hypnotherapy. A Request for Authorization dated 04/28/2014 was submitted for group psychotherapy and hypnotherapy. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy one a week for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for Group medical psychotherapy one a week for 6 months is non-certified. The CA MTUS guidelines recommend behavioral interventions. 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. Cognitive Behavioral Therapy (CBT) guidelines for chronic pain require the patient to be screened for risk factors of delayed recovery, including fear avoidance beliefs. Initial therapy should include using a cognitive motivational approach with physical medicine for exercise instruction. If the patient lacks progress with physical medicine, consider a separate psychotherapy CBT referral after 4. There was a lack of evidence of objective functional improvement with the psychotherapy. In addition, the request for once a week for 6 months of psychotherapy is excessive. Therefore, the request is not medically necessary.

Medical hypnotherapy / relaxation training one a week for 6 months: Upheld

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

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

Decision rationale: The request for for Medical hypnotherapy / relaxation training one a week for 6 months is non-certified. The Official Disability Guidelines (ODG) recommend hypnotherapy 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. The guidelines also state initial trial of 4 visits over 2 weeks and with evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). There was a lack of efficacy and functional improvement from the hypnotherapy. In addition, the request for 1 relaxation a week for 6 months is excessive. Therefore, the request for medical hypnotherapy is not medically necessary.