

Case Number:	CM14-0035129		
Date Assigned:	06/23/2014	Date of Injury:	03/10/2013
Decision Date:	07/25/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 42-year-old female who reported an injury on 03/10/2013. She stated she was doing her regular job duties and lifted a mattress and felt pain in her back. On 12/04/2013, the injured worker presented with lower back and neck pain. Prior therapy included physical therapy, chiropractic manipulation, acupuncture, and medication. Upon examination, there was tenderness to the paravertebral muscle with spasm in the lower lumbar region, and tenderness over the right posterior and superior iliac spine, a positive straight leg raise on the right side, and decreased sensation to light touch to the right L4 and L5 dermatomes. Diagnoses were low back pain with radicular symptoms to the right lower extremity and MRI findings of 3 mm to 4 mm disc protrusion at L4-5 with neural foraminal narrowing bilaterally. The provider recommended cognitive behavioral therapy and relaxation training and hypnotherapy. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (12 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 visits to 10 visits over 5 weeks to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data in order to demonstrate significant deficits which would require therapy, as well as establish the baseline by which to assess improvements during therapy. The guidelines recommend an initial trial of 3 psychotherapy visits, then up to 10 visits over 6 weeks. This request for cognitive behavioral therapy exceeds the guideline recommendations. As such, the request is not medically necessary.

RELAXATION TRAINING AND HYPNOTHERAPY X 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT), Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Hypnosis.

Decision rationale: The California MTUS/ACOEM Guidelines state the majority of stress research is focused on stress management techniques for individuals. The goal of relaxation techniques is to teach the injured worker to voluntarily change his or her physiologic and cognitive function in response to stressors. Using these techniques can be preventative or helpful for injured workers in chronically stressful conditions, or they may be curative for individuals with specific psychologic response to stress. The Official Disability Guidelines further state that hypnosis is recommended as an option for therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder, and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dislocation, and nightmares, for which hypnosis has been successfully used. The criteria for use for hypnosis include that hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis, the injured worker must have signs or a diagnosis of PTSD, and contraindications have been addressed. The included medical documentation lacks evidence of the injured worker having symptoms or a diagnosis of PTSD. The injured worker was diagnosed with depression, severity of the depression was not addressed, and there were no subjective complaints to address that issue. As such, the request is not medically necessary.