

Case Number:	CM14-0046697		
Date Assigned:	07/02/2014	Date of Injury:	12/31/2009
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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:

58 year old male with date of injury 12/31/2009. He suffered from a lumbar spine straining injury at work. He has undergone physical therapy, medication treatment and surgical treatment of the lower back pain. The progress report dated 3/31/2014 suggests that he complained of 6/10 low back and right leg pain. The review of systems was positive for frequent awakenings at night, loss of sexual desire, panic attacks, depression, inability to concentrate. The medications prescribed at that visit were Norco, Zoloft and Daizepam. The diagnosis of dysthymic disorder was given per that report. Cognitive behavioral therapy (CBT) reports from 01/2014 were reviewed. The report from 2/28/2013 listed subjective findings of poor self esteem, hopelessness, poor motivation, flashbacks, lack of interest in sex. The injured worker was diagnosed with major depressive disorder, single episode, without psychosis; pain disorder and generalized anxiety disorder. The objective scales performed during that evaluation suggested high levels of depression and anxiety and also indicated the need for a sleep evaluation. Individual psychotherapy report from 3/28/2014 suggested that the injured worker had difficulty staying on task, was experiencing anxiety and was unable to sleep well due to increased pain. The submitted documentation suggests that he has undergone individual and group psychotherapy based on CBT approach since after the surgery i.e. 2010 and has received about 60 sessions so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain group with medical hypnosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, page(s) 23, 100-102 Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Stress and Mental illness chapter, <Cognitive therapy for depression Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic).

Decision rationale: The injured worker is a 58 year old male who suffered from a lumbar spine straining injury at work on 12/31/2009. He underwent physical therapy, medication treatment and surgical treatment of the lower back pain. It is suggested that he developed psychological symptoms secondary to the chronic pain and was started on medications for depression and anxiety. The submitted documentation also reveals that he has undergone individual and group psychotherapy based on CBT approach since after the surgery i.e. since 2010 and has undergone about 60 sessions so far. the individual psychotherapy report from 3/28/2014 suggested that the injured worker had difficulty staying on task, was experiencing anxiety and was unable to sleep well due to increased pain. It appears that the injured worker has well exceeded the psychotherapy guidelines, however still continues to experience symptoms and there has been no objective functional improvement. The request for pain group with medical hypnosis is not medically necessary based upon the above stated reasons.