

Case Number:	CM14-0071845		
Date Assigned:	06/30/2014	Date of Injury:	04/23/2012
Decision Date:	07/30/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/08/2014

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:

This is a 36 year old female with a date of injury of 4/23/2012. Date of the UR decision was 3/10/2014. Report from 02/24/2014 suggested that she has undergone right shoulder surgery and 8 sessions of Physical therapy so far. She is being prescribed Norco for pain. Psychological assessment from 02/09/2014 suggested that the injured worker was tortured by a stranger high on drugs. The subjective complaints per that report were anxiety and paranoia that people were following her, she reported decrease in sexual drive secondary to stress. Objective findings were suggestive of anxious affect and depressed mood. The treatment plan per that encounter included discontinuation of Klonopin; Risperidal 1 mg at bedtime was started; Prozac 80 mg and Trazodone 100mg were continued. The injured worker has been diagnosed with Depressive disorder NOS and Anxiety disorder NOS per report from 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 1 Session Per Week For 12 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral therapy Guidelines/Psychological Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions and Psychological Evaluations and Treatment Page(s): 23, 100 - 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. ODG Cognitive Behavioral Therapy (CBT) guidelines 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 noted that the injured worker would be a candidate for psychotherapy sessions/behavioral treatment. However, guidelines recommend initial trial of 3-4 psychotherapy visits over 2 weeks and total of 6-10 visits based on evidence of objective functional improvement. The request for 12 sessions of Group Psychotherapy (1x week) is excessive and medical necessity cannot be established at this time.

Medical Hypnotherapy/Relaxation Training 1 Session Per Week For 12 Weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. 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 guidelines recommend an initial trial of 4 visits and more sessions to be continued if there is evidence of objective functional improvement. The request for Medical Hypnotherapy / Relaxation Training 1 Session Per Week For 12 Weeks is excessive and not medically necessary at this time.