

Case Number:	CM14-0072668		
Date Assigned:	07/16/2014	Date of Injury:	10/07/2003
Decision Date:	09/30/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 Psychologist 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 54-year-old female who reported an injury on 10/07/2003 due to while pulling a blood pressure machine it got caught and she tripped and fell. The injured worker has diagnoses of cephalgia, lumbar spine pain, lumbar spine radiculopathy, lumbar spine degenerative changes at the L2-3 level, left hip greater trochanteric bursitis, right knee pain, left knee pain, and stress. Past medical treatment consisted of trigger point injections, surgery, psychotherapy, physical therapy, cognitive behavioral group therapy, hypnotherapy and medication therapy. Medications include Celebrex, MS-Contin, Prevacid, tizanidine, Senokot, Lyrica, morphine sulfate IR and amitriptyline. On 10/08/2013, the injured worker underwent arthroplasty of the right thumb, 05/2008 underwent lumbar spine fusion at the L4-S1 level, 02/2010 underwent lumbar spine hardware removal, 06/21/2012 underwent total right knee replacement, 10/08/2012 underwent right knee manipulation under anesthesia, and 02/08/2013 underwent left knee arthroscopy. On 02/18/2014, the injured worker underwent a CT which revealed benign vertebral body hemangiomas. On 04/10/2014, the injured worker complained of pain in the low back, bilateral hip and bilateral knees. Physical examination of the right wrist revealed tenderness to the volar aspect of the right wrist. Sensory examination revealed decreased sensation to light touch to all digits of the right hand. A full fist was able to be made. Physical examination of the lumbar spine demonstrated tenderness to palpation to the midline lumbar spine, bilateral paraspinals and left thigh. There was bilateral hamstring tightness. Examination of the left hip revealed tenderness over the lateral aspect of the left hip. Examination of the right knee demonstrated tenderness to the medial and lateral joint lines. There was crepitus of the right knee. Examination of the left knee revealed tenderness over the bilateral joint lines. Crepitus to the left knee was noted. The treatment plan is for the injured

worker to continue cognitive behavioral group therapy and relaxation training/hypnotherapy. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral group psychotherapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

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

Decision rationale: The request for cognitive behavioral group therapy is not medically necessary. The California MTUS Guideline 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 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate and psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establishing baseline by which to assess improvements during therapy. Additionally, the submitted report indicated that the injured worker was already receiving cognitive behavioral group psychotherapy. There were no progress notes submitted for review indicating whether group therapy was helping the injured worker with any deficits she might have had. Furthermore, the request as submitted is for 12 sessions, exceeding the recommended MTUS guidelines. Given that provider did not indicate a rationale as to why additional sessions of cognitive behavioral group psychotherapy are warranted, the request is not medically necessary.

Relaxation training/Hypnotherapy 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress, Hypnosis.

Decision rationale: The request for relaxation training/hypnotherapy is not medically necessary. ACOEM Guidelines state patients are encouraged to enhance their individual coping skills and to decrease or discontinue maladaptive coping mechanisms such as excessive use of alcohol, tobacco, or other drugs, or excessive food intake. Patients are counseled to redirect their energy to regular aerobic exercise, relaxation techniques and cognitive coping mechanisms. According to the ODG, hypnosis is a recommended option. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress syndrome, or hypnosis may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation and

nightmares, for which hypnosis has been successfully used. Hypnosis is not a therapy per se, but an adjunct to psychodynamic, cognitive behavioral, or other therapies, and has been shown to enhance significantly the efficacy for a variety of clinical conditions. In the specific context of post-traumatic symptomatology, hypnotic techniques have been used for the psychological treatment of shell shock, battle fatigue, traumatic neurosis and more recently PTSD and dissociative symptomatology. Given the above, the injured worker is not within the ACOEM/ODG. The submitted report indicated that the injured worker had received relaxation training/hypnotherapy. There was no documentation indicating what the outcome of such sessions were. Furthermore, the submitted report did not indicate that the injured worker suffered from PTSD, which would warrant the request for additional sessions of hypnotherapy. As such, the request for relaxation training/hypnotherapy is not medically necessary.