

Case Number:	CM14-0081939		
Date Assigned:	09/10/2014	Date of Injury:	11/23/2005
Decision Date:	10/10/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/03/2014

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:

Injured worker is a 58 year old female with date of injury 11/23/2005. Date of the UR decision was 5/7/2014. Report dated 5/23/2014 lists subjective complaints as experiencing sleep difficulties, persisting pain, feeling nervous and tense, decreased desire to do things and lacking motivation, continued to socially isolate, felt lonely and afraid, was experiencing difficulties concentrating and remembering things and lost interest in activities she once enjoyed. Report dated 4/12/2014 indicated that prescriptions for Effexor and Ambien. Report dated 9/7/2013 suggested that the injured worker presented with subjective complaints of physical pain that were disturbing her mood and sleep and she was prescribed Effexor 225 mg in the mornings and Ambien 5-10 mg nightly as needed for sleep for treatment of Major Depressive Disorder; generalized anxiety disorder; female hypoactive sexual desire; and insomnia. It has been indicated that she has undergone extensive treatment with Psychotherapy and medication management, however there is no documentation of any objective evidence of functional improvement that has resulted from the most recent course of cognitive behavioral therapy provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 04/17/14 Group medical psychotherapy 12 sessions for 12 weeks qty 12.00: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

Decision rationale: The submitted documentation suggests that the injured worker suffers from chronic pain and psychological sequale due to the same. She has been diagnosed been Major Depressive Disorder; generalized anxiety disorder; female hypoactive sexual desire; and insomnia. It has been indicated that she has undergone extensive treatment with Psychotherapy and medication management, however there is no documentation of any objective evidence of functional improvement that has resulted from the most recent course of cognitive behavioral therapy provided. The request for Group Medical Psychotherapy 12 sessions for 12 weeks qty 12.00 are excessive and are not medically necessary.

Retro 04/17/14 Relaxation training hypnotherapy 12 sessions for 12 weeks qty 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s): 23.

Decision rationale: The submitted documentation suggests that the injured worker suffers from chronic pain and psychological sequale due to the same. She has been diagnosed been Major Depressive Disorder; generalized anxiety disorder; female hypoactive sexual desire; and insomnia. It has been indicated that she has undergone extensive treatment with Psychotherapy and medication management, however there is no documentation of any objective evidence of functional improvement that has resulted from the most recent course of cognitive behavioral therapy provided. 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). The request for Relaxation Training Hypnotherapy 12 sessions for 12 weeks qty 12 are not medically necessary.