

Case Number:	CM14-0086273		
Date Assigned:	07/23/2014	Date of Injury:	11/17/2008
Decision Date:	09/30/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/09/2014

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 57-year-old male who reported injury on 11/17/2008 caused by an unspecified mechanism. The injured worker was evaluated on 05/23/2008 and it was documented that the injured worker complained to have symptoms of depression and anxiety. Frequently felt nervous and tense. Often felt sad and had little energy. Worried about financial services and emotional condition. Objective findings reveal apprehensive, talkative, sad, irritable, anxious mood, looks tired, little energy, lethargic, and preoccupied with physical condition and pain. Goals included injured worker would decrease frequency and intensity of depressive symptoms, injured worker would increase levels of motivation and hopefulness, injured worker would improve duration and quality of sleep, and injured worker would decrease frequency and intensity of anxious symptoms. The provider noted the injured worker's progress towards current treatment goals as evidenced by the injured worker reporting he has been unable to attend group as yet because of transportation difficulties. He will begin to treat with staff psychiatrist as well. Diagnoses included major depressive disorder single, generalized anxiety disorder, insomnia, and psychological factors. The plan included cognitive behavioral psychotherapy weekly sessions to help the injured worker cope with the physical condition, levels of pain, and emotional symptoms for 6 weeks. Relaxation training/hypnotherapy weekly sessions to help the injured worker manage stress and/or levels of pain for 6 weeks. There was no rationale submitted for this review. The Request for Authorization dated 05/28/2014 was for medical hypnotherapy/relaxation training, group medical psychotherapy sessions, and office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/Relaxation training x6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

Decision rationale: The request for Medical Hypnotherapy /Relaxation Training X6 sessions is not medically necessary. The injured worker has a history of depression and anxiety, and insomnia. The California MTUS Guidelines note that behavior interventions are recommended and do not address hypnotherapy specifically. The Official Disability Guidelines state hypnosis is recommended as an option to therapeutic intervention and that it may be effective in adjunct to a procedure from posttraumatic stress disorder. The documentation submitted for review indicated that the injured worker has made some progress towards treatment goal. As such, the request is not medically necessary.

Group medical Psychotherapy x6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BIOFEEDBACK Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that the cognitive behavioral sessions is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines states that patients should be screened for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - 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 documentation submitted failed to indicate the injured worker's long term functional goal. The documents submitted for review indicated the injured worker has been unable to attend group sessions because of transportation difficulties. It was noted the injured worker has made progress towards current treatment goals. Given the above, the request for cognitive medical psychotherapy sessions is not medically necessary.

Office Visit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICE VISITS.

Decision rationale: Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documents submitted failed to indicate why an office visit is required. Given the above, the request for office visit is not medically necessary.