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| Case Number: | CM14-0089294 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 10/04/2011 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 05/10/2014 |
| Priority: | Standard | Application Received: | 06/13/2014 |

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 Psychology 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:

According to the records provided for this independent review, this patient is a 59 year-old male who reported in industrial/occupational work-related injury on October 4, 2011 during his normal work duties for [REDACTED]. He reports ongoing low back pain that radiates down both extremities and has multilevel disc disease in his lumbar spine. He continues to report of pain mostly on the right side of his neck radiating into his right shoulder and down his arm into the fingers. He is status post right shoulder arthroscopic surgery on January 2013. He's been diagnosed with cervical and lumbar degenerative disc disease and myoligamentous injury, bilateral shoulder impingement and right carpal tunnel syndrome. Psychologically, the patient has been diagnosed with: Major Depressive Disorder, Single Episode; Anxiety Disorder Not Otherwise Specified; Male Hypoactive Sexual Desire Disorder; and Insomnia. A progress report provided by his treating psychologist dated March 2014 states that the patient's mood has improved as well as his sleep and motivation (unspecified) with treatment but he reports persistent pain that is interfering with his activities of daily living and sleep; and that reports nervousness and excessive worries at tired, sad, worried, stressed and fatigued with headaches and that he needs continue treatment due to persistent symptoms of anxiety and depression. Treatment goals are listed as decreasing the frequency and intensity of depression and anxiety symptoms as well as improving the duration and quality of his sleep. Progress is listed as that he has used coping strategies to better manage stressors, improve sleep, and ability to relax and has improved mood and motivation. He has been prescribed Prozac 80 mg for depression Klonopin for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of relaxation training/hypnotherapy: 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, Treatment Index, 12 th Edition (web) 2014, Mental Illness and Stress--Cognitive Behavioral Therapy (CBT), Hypnosis, Stress management, behavioral/cognitive (interventions).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis, June 2014 update.

Decision rationale: While the total number of sessions that the patient has already received is unclear there are indications in a note the patient has been treated by his primary psychologist from November 19, 2012 through January 13, 2014. In addition it appears that the patient has been undergoing treatment with the same treating physician for many months in 2014 but the exact number is unclear. The utilization review note from April 2014 mentions that the patient has already had over 70 sessions of psychological treatment. It is entirely possible that he has had even more treatment than this. According to the ODG official disability guidelines for psychotherapy treatment the patients who are making progress in treatment may be offered 13 to 20 sessions maximum. Hypnosis can be recommended for patients who have PTSD there are no indications for using it with patients who have different diagnoses. But even if an exemption was made documentation was not provided to support why one should be, the total number of sessions should be contained within the number of psychotherapy sessions of which a maximum 13 to 20 are indicated. In addition there's no documentation of whether or not the therapists who are providing hypnosis have been properly trained in the clinical use of it as is suggested in the official disability guidelines. The definition standard for improvement is objective functional improvements, and although the patient is demonstrating improved symptomology there is no evidence of functional improvement in terms of activities of daily living and a reduced reduction in future medical treatment. He has had well over the maximum allowed amount of psychological intervention at this time and there is no evidence that additional treatment will contribute further to the patient's understanding of how to use relaxation therapy at home to help him cope with the difficulties related to chronic pain and its resulting depression and anxiety. It is thought that after what appears over a year of treatment that he would've learned by now most of the skills that this provider would be able to teach him. Medical necessity has not been established for six additional sessions of relaxation therapy/hypnotherapy.