

Case Number:	CM14-0187514		
Date Assigned:	11/17/2014	Date of Injury:	09/30/2002
Decision Date:	01/06/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of September 30, 2002. A utilization review determination dated October 17, 2014 recommends non-certification of cognitive behavioral group psychotherapy 1 x 12, and hypnotherapy/relaxation training 1 x 12. A progress note dated September 22, 2014 identifies objective complaints of feeling sad, helpless/hopeless, irritable, with less energy, social isolation, crying episodes, appetite changes, lack of sexual desire, self-critical, pessimistic, thoughts of death, conflict with others, angry, sensitive/emotional, nervous, difficulty concentrating, restless/agitated, tense, apprehensive, excessive worry, unsteady/wobbliness in his legs, angry outbursts, difficulty sleeping, oversleeping, gastrointestinal disturbances, and headaches. The physical examination identifies sad and anxious mood, depressed affect, memory difficulties, nervousness, tearful, apprehensive, bodily tension, and preoccupied with physical limitations and pain. The diagnoses include major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia related to generalized anxiety disorder and chronic pain, and stress related physiological response affecting gastrointestinal disturbances, headaches. The treatment plan recommends cognitive behavioral group psychotherapy 1 x/week for 12 weeks to decrease the frequency and intensity of the patient's depressive and anxious symptoms, decrease the levels of patient's feeling of anger and irritability, and increase the patient's engagement in usual and social interactions. The treatment plan also recommends hypnotherapy/relaxation training 1 x/week for 12 weeks to increase the patient's ability to use a progress being control methods to manage levels of pain, improve patients duration and sleep quality, and decreased frequency and intensity of patients depressive and anxious symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy 1 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions

Decision rationale: Regarding the request for cognitive behavioral group psychotherapy 1x12, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. The current number of visits being requested exceeds the maximum visits recommended by guidelines for a trial, and unfortunately there is no provision to modify the current request. As such, the currently requested cognitive behavioral group psychotherapy 1x12 is not medically necessary.

Hypnotherapy/Relaxation Training 1 x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Hypnosis

Decision rationale: Regarding the request for medical hypnotherapy/relaxation treatment x 6 sessions, ODG states that 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. The guidelines recommend an initial trial of 4 visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks (individual sessions). The current number of visits being requested exceeds the maximum visits recommended by guidelines for a trial, and unfortunately there is no provision to modify the current request. As such, the currently requested hypnotherapy/relaxation training 1 x12 is not medically necessary.

