

Case Number:	CM14-0200774		
Date Assigned:	12/22/2014	Date of Injury:	09/01/2005
Decision Date:	02/25/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 65 year old female with date of injury 7/18/1990. Per report dated 10/14/2014, the injured worker reported that due to the repetitive nature of her work, she developed pain in her head, back, trunk, knees and hands and time and as her pain intensified, she developed symptoms of anxiety and depression. She presented with subjective complaints of feeling sad, helpless/hopeless, irritable, lack of energy, appetite changes, lack of sexual desire, self-critical, pessimistic, angry, emotional, nervous, difficulty concentrating, restless/agitated, dizziness, shortness of breath, excessive worry, angry outbursts, sleep difficulties, gastrointestinal disturbances, headaches, chronic pain, hypertension, stomach aches and pains. The objective findings were depressed affect, memory difficulties, preoccupied with physical limitations and pain, anxious and sad mood, psychomotor agitation, nervousness, rapid speech, bodily tension, restlessness, and apprehension. She was diagnosed with Depressive Disorder NOS, Anxiety Disorder NOS, Female Hypoactive Sexual Desire Disorder Due to Chronic Pain, Insomnia Related to Anxiety Disorder NOS due to Chronic Pain, Stress-Related Physiological Response Affecting Headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy/relaxation training, twice monthly for six months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic).

Decision rationale: 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) ODG states "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. Data to support the efficacy hypnosis for chronic low back pain are limited. ODG Hypnotherapy Guidelines:- Initial trial of 4 visits over 2 weeks-With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions) The request for Hypnotherapy/relaxation training, twice monthly for six months i.e. 12 sessions exceeds the guideline recommendations for an initial trial even in the cases where it is clinically indicated. Thus, the request is excessive and not medically necessary at this time.

One psychiatric evaluation and monthly follow-up appointments for six to eight months:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

Decision rationale: ACOEM guidelines page 398 states:"Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities"The report dated 11/25/2013 by [REDACTED] states that the injured worker has been following up with a psychiatrist. The submitted documentation also indicates that she was authorized for a referral to a psychiatrist on 7/17/2014. The report of Psychiatrist visits is not available. There is no clinical indication for another evaluation with a Psychiatrist. The decision regarding the need for follow up visits can be made based on the recommendations and treatment plan per the treating

Psychiatrist. Thus, the request for one psychiatric evaluation and monthly follow-up appointments for six to eight months is excessive and not medically necessary.