

Case Number:	CM15-0140399		
Date Assigned:	07/30/2015	Date of Injury:	08/15/2011
Decision Date:	09/03/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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:

The injured worker is a 63 year old male, who sustained an industrial injury on 08-15-2011. He has reported injury to the head, neck, shoulders, and low back. The diagnoses have included cervical spine sprain-strain, with herniated nucleus pulposus; right shoulder sprain-strain, with rotator cuff tear; left shoulder sprain-strain, with rotator cuff tear; lumbar spine sprain-strain; bilateral carpal tunnel syndrome; left knee medical meniscal tear; depressive disorder not otherwise specified; anxiety disorder not otherwise specified; and insomnia. Treatments have included medications, diagnostics, injections, chiropractic therapy, physical therapy, and home exercise program. Medications have included Norco, Naproxen, and Tizanidine. A progress report from the treating physician, dated 03-11-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in his neck, shoulders, arms, hands, lower back, lower extremities, knees, and feet; symptoms of anxiety and depression; he feels sad and tired; he has less interest in his usual activities and is unable to enjoy these activities as he once did; has difficulties sleeping, which he relates to his persisting pain and excessive worries; he feels nervous, restless, and tense; he reported symptoms of gastric reflux, persisting headaches, and muscular tension; and reports bouts of blurry vision, ringing in his ears, unsteady gait, dizzy spells, and sensory problems. Objective findings included cooperative; no evidence of psychomotor agitation; no abnormalities in speech; his mood was sad and anxious; affect was appropriate to the content of his thoughts; thought process were appropriate; and he has a history of head injury and loss of consciousness during his industrial accident. The treatment plan has included the request for hypnotherapy 1 x 24; and group therapy 1 x 16.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy 1 x 24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Hypnosis.

Decision rationale: MTUS is silent on the topic of hypnosis 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 injured worker suffers from included cervical spine sprain-strain, with herniated nucleus pulposus; right shoulder sprain-strain, with rotator cuff tear; left shoulder sprain-strain, with rotator cuff tear; lumbar spine sprain-strain; bilateral carpal tunnel syndrome; left knee medical meniscal tear; depressive disorder not otherwise specified; anxiety disorder not otherwise specified; and insomnia. The request for Hypnotherapy 1 x 24 exceeds the guideline recommendations for initial as well as complete trial of hypnotherapy for chronic pain.

Group therapy 1 x 16: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

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). The

injured worker suffers from chronic pain and some psychological sequale of the same in form of depressive disorder not otherwise specified; anxiety disorder not otherwise specified; and insomnia. The request for Group therapy 1 x 16 exceeds the guideline recommendations for an initial as well as complete trial of group therapy therefore is not medically necessary.