

Case Number:	CM15-0188592		
Date Assigned:	09/30/2015	Date of Injury:	04/19/2013
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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 31 year old male who sustained an industrial injury on 4-19-13. The injured worker reported "persisting pain that interferes with his ADLs and his sleep." A review of the medical records indicates that the injured worker is undergoing treatments for major depressive disorder and post-traumatic stress disorder. Records indicate worsening of the injured workers activities of daily living. Provider documentation dated 7-28-15 noted the work status as permanent and stationary. Treatment has included home exercise program, Norco, Xanax, Ibuprofen and Gabapentin. Objective findings dated 11-21-14 were notable for "sad and anxious mood, depressed affect". The original utilization review (9-3-15) denied a request for Group Medical Psychotherapy x 32 Sessions, Medical Hypnotherapy/Relaxation Training x 32 Sessions and Individual Session 75-80 Min x 48 Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy x 32 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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 recommend 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) Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain and developed major depressive disorder and Post Traumatic Stress Disorder secondary to the industrial trauma. The request for Group Medical Psychotherapy x 32 Sessions is excessive and not medically necessary as it exceeds the guideline recommendations.

Medical Hypnotherapy/Relaxation Training x 32 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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: 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) Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain and developed major depressive disorder and Post Traumatic Stress Disorder secondary to the industrial trauma. The request for Medical Hypnotherapy/Relaxation Training x 32 Sessions is excessive and not medically necessary as it exceeds the guideline recommendations.

Individual Session 75-80 Min x 48 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental illness Topic: Cognitive therapy for depression.

Decision rationale: California MTUS states that behavioral interventions are recommended. 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 Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain and developed major depressive disorder and Post Traumatic Stress Disorder secondary to the industrial trauma. The request for Individual Session 75-80 Min x 48 Sessions is excessive and not medically necessary as it exceeds the guideline recommendations.