

Case Number:	CM15-0197053		
Date Assigned:	10/12/2015	Date of Injury:	09/13/2012
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/06/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on 9-13-2012. Diagnoses include cervical radiculopathy, status post lumbar fusion on 7/17/2014, anxiety and depression. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, acupuncture treatments, therapeutic injections, and psychotherapy. On 7-31-15, she reported "intense levels of pain, significant physical limitation, and crying spells." She further reported feeling sad, emotional and sensitive, difficulty concentrating, focusing and remembering. The examination documented observation of her as sad, nervous, bodily tension, over talkative, rapid speech, difficulty breathing, tearful and preoccupied with physical condition. Psychiatric AME dated 4/24/15 revealed patient had reached MMI for psychiatric condition. The plan of care included additional therapies. The medication list includes Tylenol#3, Motrin, Trazodone. The patient's surgical history includes lumbar and right knee surgery. The patient had received an unspecified number of psychotherapy visits for this injury and patient reported decreased anxiety with psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy once a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 11/12/15) Cognitive behavioral therapy (CBT).

Decision rationale: Cognitive Behavioral Group Psychotherapy once a week for eight weeks. Per the CA MTUS Chronic pain medical treatment guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "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 guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The psychiatric AME dated 4/24/15 revealed that the patient had reached MMI for the psychiatric condition. The patient had received an unspecified number of psychotherapy visits for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. The response of the patient's psychiatric symptoms to treatment with medications such as appropriate antidepressants for chronic pain is not specified in the records provided. The medical necessity of the request for Cognitive Behavioral Group Psychotherapy once a week for eight weeks is not fully established in this patient.

Relaxation training/Hypnotherapy, once a week for eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 11/12/15) Cognitive behavioral therapy (CBT) Stress inoculation training Hypnosis.

Decision rationale: Relaxation training/Hypnotherapy, once a week for eight weeks. As per the cited guideline "Hypnosis: Recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. Most of the case studies that reported that hypnosis were useful in treating post-trauma disturbances following a variety of traumas lack methodological rigor, and therefore strong conclusions about the efficacy of hypnosis to treat PTSD cannot be drawn." Per the cited guidelines, for hypnosis, "Sessions: Number of visits should be contained within the total number of Psychotherapy visits." Evidence of Post-traumatic stress disorder (PTSD) was not specified in the records specified. The cited guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). The patient had received an unspecified number of psychotherapy visits for this injury. The psychiatric AME dated 4/24/15 revealed that the patient had reached MMI for the psychiatric condition. The requested additional visits in addition to the previously rendered sessions are more than recommended by the cited criteria. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records

provided. The medical necessity of the request for Relaxation training/Hypnotherapy, once a week for eight weeks is not fully established in this patient.