

Case Number:	CM15-0031476		
Date Assigned:	02/24/2015	Date of Injury:	04/23/2012
Decision Date:	04/14/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/19/2015

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 51-year-old female, who sustained an industrial injury on 4/23/2012. The diagnoses have included rotator cuff tear, medial and lateral epicondylitis, major depressive affective disorder, single episode, mild, generalized anxiety disorder, other specified symptoms associated with female genital organs, and insomnia due to mental disorder. Treatment to date has included conservative measures. Psychological consultations were performed on 1/23/2013 and 2/01/2013. A psychological assessment was completed on 7/03/2014, noting a Global Assessment of Functioning Score of 60 and a Whole Person Impairment rating of 15. On 7/03/2014, the injured worker reported feeling sad, tired, helpless, hopeless, lonely, afraid, angry, and irritable. She reported physical symptoms of nausea, heartburn, gastric reflux, constipation, and ulcers. She was alert and oriented, but appeared sad and anxious. It was documented that she experienced an improvement of her general psychological functioning after participating in treatment. She continued significant signs of depression, anxiety, and insomnia, which remained under control with psychotropic medications. Current medication regime was not noted. Continued treatment two times per month for 6-8 months was suggested. Progress note, dated 6/01/2014, noted an improvement in sleep and appetite. She was alert, oriented, and pleasant. Auditory perceptions were noted and thought process was within normal limits. Medications included Trazadone, Prozac, and Risperdal at that time. On 1/19/2015, Utilization Review non-certified a request for group medical psychotherapy 2x month for 6-8 months and non-certified a request for group medical hypnotherapy/relaxation training 2x month for 6-8 months, noting the

lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 2 x month for 6-8 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress chapter.

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) Upon review of the submitted documentation, it is indicated that the injured worker has participated in a few psychotherapy sessions so far, however there is no clear documentation regarding any evidence of any objective functional improvement which would necessitate the need for further treatment. Thus, the request for Group medical psychotherapy 2x month for 6-8 months, i.e. total of 12-16 more sessions is excessive and not medically necessary.

Hypnotherapy/relaxation training 2 x month for 6-8 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Chapter: Pain (Chronic) Topic: 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). The

request for Hypnotherapy/relaxation training 2 x month for 6-8 month, i.e. 12-16 sessions is excessive and not medically necessary as it exceeds the guideline recommendations for an initial treatment.