

<b>Case Number:</b>	CM15-0031649		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 35-year-old male, who sustained an industrial injury on 9/17/2010. He reports a 15-foot fall. Diagnoses include anxiety, depression, insomnia, pelvic fracture with surgical repair and possible lower extremity radiculopathy. Treatments to date include surgery, physical therapy and medication management. A progress note from the treating provider dated 1/5/2015 indicates the injured worker reported persistent pain, difficulty walking, headaches, stomachaches, sadness, nervousness, worry and insomnia. On 1/27/2015, Utilization Review non-certified the request for 8 sessions of cognitive behavioral group psychotherapy and 8 sessions of relaxation training/hypnotherapy, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Group Psychotherapy 1 x 8: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Behavioral Interventions.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case the request is for 8 visits. This surpasses the recommended number for the initial trial. The request should not be authorized.

**Relaxation training/hypnotherapy 1 x 8:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 23.

**Decision rationale:** 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. There should be an initial trial of 3-4 psychotherapy visits over 2 weeks. If there is evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks is recommended. In this case the requested number or 8 visits surpasses the initial 3-4 visits recommended to determine benefit. The request should not be authorized.