

Case Number:	CM15-0036278		
Date Assigned:	03/04/2015	Date of Injury:	11/02/2009
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male, who sustained an industrial injury on 11/02/2009. He has reported that while at work he was pulling on a rope while tying a pallet with the assistance of a coworker when the rope was let go causing the injured worker to fall backwards hitting his head and lower back with subsequent complaints of pain to the low back radiating to the right lower extremity. Diagnoses include major depressive disorder, single episode without severe psychotic features; pain disorder associated with both psychological factors and a general medical condition; insomnia related to pain disorder; low back injury, knee injury; and physical injury, disability, financial hardship. Treatment to date has included group therapy for depression, medications regimen, and physical therapy. In a progress note dated 01/15/2015 the treating provider reports complaints of decreased level of energy, anxiety, hopelessness and helplessness, anhedonia, avolition, and feeling of slight depression. The treating physician requested the treatments of hypnotherapy for chronic pain and transcranial magnetic stimulation due to partial response to medications. The medications listed are Effexor and Trazodone. On 01/26/2015 Utilization Review non-certified the requested treatments of six hypnotherapy sessions and twenty transcranial magnetic stimulation sessions between the dates of 01/15/2015 and 03/23/2015, California Chronic Pain Medical Treatment Guidelines (May 2009) and Official Disability Guidelines: Pain (Chronic) and Mental Illness & Stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Hypnotherapy Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hypnotherapy Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 13-16, 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommended that chronic pain patients be effectively treated for co-existing psychosomatic and psychiatric conditions. The presence of unstable psychiatric and psychosomatic disorders is associated with increase in non compliance and decreased efficacy to pain treatment modalities. There is increased incidence addiction, diversion and severe adverse interaction including fatalities with sedatives and opioid medications. The records indicate that the patient had co-existing severe psychosomatic symptoms despite medication management and completion of group therapy. The chronic pain treatment program is negatively impacted by subjective feelings of anhedonia, hopelessness, worthlessness and low self-esteem that did not resolve with current antidepressant medications treatment. The criteria for 6 Hypnotherapy sessions was met.

20 transcranial magnetic stimulation sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS did not address the use of transcranial magnetic stimulation treatments for the treatment of major depressive disorder. The CA MTUS and the ODG guidelines recommended that chronic pain patients be effectively treated for co-existing psychosomatic and psychiatric conditions. The presence of unstable psychiatric and psychosomatic disorders is associated with increase in non compliance and decreased efficacy to pain treatment modalities. There is increased incidence of addiction, diversion and severe adverse interaction including fatalities associated with the use of sedatives with opioid medications. The ODG guidelines recommend that transcranial magnetic stimulation can be utilized for the treatment of major depression when treatments with 2 to 3 different classes of antidepressants and electroconvulsive therapy (ECT) have failed. The records did not indicate that the patient had failed concurrent treatment with 2 to 3 different classes of antidepressant medications or ECT. The criteria for 20 transcranial magnetic stimulation sessions was not met.

