

Case Number:	CM14-0155256		
Date Assigned:	09/25/2014	Date of Injury:	09/24/2012
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male. In 2012, a nail gun injury to his abdomen left him with inflammation and pain. A bowel resection followed with subsequent nausea, vomiting and pain. Persistent pain and negative workups led to depression. He has a past history of depression and anxiety. In December 2013 the injured worker underwent psychological testing and psychotherapy was recommended as well as a recommendation for referral for psychotropic medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior group psychotherapy 1 times 12: 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 Behavioral interventions Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy for injured workers with chronic pain. The clinical documentation indicates that the injured worker has never participated in any type of cognitive behavioral therapy. The California Medical Treatment Utilization Schedule recommends a clinical trial of 3

to 4 visits of cognitive behavioral therapy as an appropriate behavioral intervention. The service under review, namely 12 sessions of cognitive behavioral group psychotherapy exceeds this recommended clinical trial. With no prior treatment and therefore obviously no evidence of objective improvement with such a trial, the service is not medically necessary.

Hypnotherapy/relaxation training 1 times 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy for injured workers with chronic pain. The clinical documentation indicates that the injured worker has never participated in any type of cognitive behavioral therapy. The California Medical Treatment Utilization Schedule recommends a clinical trial of 3 to 4 visits of cognitive behavioral therapy as an appropriate behavioral intervention. Hypnosis and other stress management techniques are recognized by the Medical Treatment Utilization Schedule (MTUS) as behavioral strategies that may reduce symptoms of stress. However, the service under review, namely 12 sessions of hypnotherapy and relaxation training exceeds this recommended clinical trial. With no prior treatment and therefore no evidence of objective improvement with such a trial, the service is not medically necessary.

Psychiatric evaluation and monthly follow up visits for 6-8 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 and 100.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 391-398, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Per the Medical Treatment Utilization Schedule guidelines, an injured worker with serious psychiatric disorders, which would include major depression, should undergo an initial assessment by a psychiatrist to ensure optimal treatment. The Medical Treatment Utilization Schedule does not establish a set number of psychiatric visits thereafter for medication management nor a recommended frequency beyond the judgment of the clinician. However, monthly medication management intervals meet the professional standards. As psychotropic medication response is usually a process of trial and error with medication effects taking from 4-6 weeks to emerge, duration of 6-8 months is reasonable to assess functional improvement. Based upon practice standards and the recognition for psychiatric intervention in persistent mental health cases, psychiatric evaluation and monthly follow up visits for 6-8 months is medically necessary. The prior denial utilized Medical Treatment Utilization

Schedule guidelines for psychological evaluations (already completed in December 2013) and cognitive behavioral therapy (CBT) guidelines which are not applicable for psychiatric pharmacotherapy.

Desensitization techniques 1 times 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400, Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23.

Decision rationale: The California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy for injured workers with chronic pain. The clinical documentation indicates that the injured worker has never participated in any type of cognitive behavioral therapy. The California Medical Treatment Utilization Schedule recommends a clinical trial of 3 to 4 visits of cognitive behavioral therapy as an appropriate behavioral intervention. Desensitization techniques are recognized by California Medical Treatment Utilization Schedule (MTUS) as behavioral strategies that may reduce symptoms of stress. However, the service under review, namely 12 sessions of hypnotherapy and relaxation training exceeds this recommended clinical trial. With no prior treatment and therefore no evidence of objective improvement with such a trial, the service is not medically necessary.