

Case Number:	CM14-0098561		
Date Assigned:	07/28/2014	Date of Injury:	01/28/2011
Decision Date:	09/25/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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 Physical Medicine & Rehabilitation 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 31 year old male who sustained an injury on 01/28/11. The mechanism of injury is undisclosed. The injured worker has been followed for persistent chronic pain throughout the body with concurrent psychological complaints. The injured worker was followed for cognitive behavioral group psychotherapy as well as relaxation training and hypnotherapy, one session per week. As of 05/05/14, the injured worker had a continuing anxious mood with poor concentration. The injured worker was over talkative. The injured worker was recommended to continue with treatment for anxiety and depression. The requested hypnotherapy and relaxation training once a week for six weeks with follow up visit and group medical psychotherapy once a week for six weeks was denied by utilization review on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy/Relaxation Training one time a week for six weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor; Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition); Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The injured worker did not present with any clear indications of functional improvement from a psychological perspective that would support ongoing psychotherapy or relaxation/hypnotherapy training. The injured worker continued to report ongoing depression and anxiety and there were no objective evaluations to determine what functional benefit had been obtained with this therapy. Therefore, this request is not medically necessary.

Follow up visit.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor; Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition); Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

Decision rationale: In regards to the request for a follow up visit, this would not have been medically necessary. The injured worker does not require any further group psychotherapy or relaxation training that would warrant follow up visits at this point in time. Therefore, this request is not medically necessary.

Group Medical Psychotherapy one time a week for six weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor; Official Disability Guidelines/Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition); Disability Duration Guidelines (Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The injured worker did not present with any clear indications of functional improvement from a psychological perspective that would support ongoing psychotherapy or relaxation or hypnotherapy training. The injured worker continued to report ongoing depression and anxiety and there were no objective evaluations to determine what functional benefit had been obtained with this therapy. Therefore, this request is not medically necessary.