

Case Number:	CM14-0098672		
Date Assigned:	09/23/2014	Date of Injury:	04/12/2011
Decision Date:	10/22/2014	UR Denial Date:	05/30/2014
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 Psychiatry and is licensed to practice in California. 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:

Injured worker is a 43 year old male with date of injury 4/12/2011. Mechanism of injury was described as cumulative work trauma. Per report dated 07/10/2013, he reported that due to repetitive continuous movements using his upper extremities while at work, he developed pain and numbness throughout his upper extremities that radiated up to his neck and into his shoulders and consequently symptoms of anxiety and depression as well as difficulties with sleep. Subjective complaints included feeling sad, helpless, hopeless, irritable, less energy, social isolation, crying episodes, appetite changes, lack of sexual desire, self-critical, pessimistic, conflict with others, angry, sensitive/emotional, nervous, difficulty concentrating, restless/agitated, dizziness, numbness/tingling sensations, avoids situations similar to accident, flashbacks, nightmares/distressing dreams, sleep difficulties, gastric disturbances, headaches and chronic pain. Psychological testing revealed significant depressive and anxious symptoms. He was diagnosed with Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder Due to Chronic Pain; Insomnia Related to Generalized Anxiety Disorder and Chronic Pain; Stress-Related Physiological Response Affecting Headaches. On 7/17/2013, the injured worker attained Beck Depression Inventory II (BDI) score of 37 suggesting severe symptoms associated with depression. On the Beck Anxiety Inventory, he obtained a score of 12, which is indicative of mild symptoms of anxiety. Reports dated 12/14/2013, 2/8/2014 suggested that the injured worker was being prescribed Fluoxetine and Trazodone. The submitted documentation suggests that the injured worker has undergone >60 sessions of Psychological Intervention in form of Cognitive Behavior Therapy, Relaxation training and Group Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Relaxation Training/Hypnotherapy,1 Session X Week X6 Weeks As

Outpatient: 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 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, the injured worker has undergone >60 sessions of Psychological Intervention in form of Cognitive Behavior Therapy, Relaxation training and Group Psychotherapy. The request for 6 Additional Relaxation Training/Hypnotherapy,1 Session X Week X6 Weeks As Outpatient exceeds the guideline recommendations and thus notmedically necessary at this time.