

Case Number:	CM15-0111356		
Date Assigned:	06/17/2015	Date of Injury:	08/17/2010
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/09/2015

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: California, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 64-year-old male, who sustained an industrial injury on 8/17/10. He has reported initial complaints of right thumb injury, lumbar disc injury and chronic pain. The diagnoses have included pain disorder associated with both psychological factors and general medical condition, chronic, depressed, injury to right thumb and lumbar spine, chronic pain and psychosocial stressors. Treatment to date has included medications, activity modifications, off work, pain management, epidural steroid injection (ESI), supportive psychotherapy and hypnotherapy. Currently, as per the physician progress note dated 4/23/15, the injured worker spends all day everyday idle on the couch or bed. On a good day he is able to briefly do light work. He is depressed and angry most of the time and feels that he is a failure. His sleep is poor and he is tired most of the time. He walks with an unsteady gait and is limping. The physician notes that he is not a candidate for insight oriented psychotherapy or cognitive therapy. He wanted to try hypnotherapy and in the last 15 minutes of the appointment the physician gave him a trial session of hypnotherapy. The injured worker stated that the pain was remarkably lessened and he felt he would have a much easier ride home as a result. The current medications included Lyrica and Norco. There are previous psychological sessions noted in the records. The physician requested treatment included Twelve (12) sessions of supportive psychotherapy and hypnotherapy for pain management for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of supportive psychotherapy and hypnotherapy for pain management for 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (Chronic) Topic : Hypnosis.

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 recommend 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) ODG states: Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The request for twelve (12) sessions of supportive psychotherapy and hypnotherapy for pain management for 6 months exceeds the guideline recommendations for an initial trial for psychotherapy in treatment of chronic pain. Therefore, this request is not medically necessary.