

Case Number:	CM15-0121597		
Date Assigned:	07/02/2015	Date of Injury:	11/16/2008
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/23/2015

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 71-year-old male, who sustained an industrial injury on 11/16/08. He has reported initial complaints of a back injury. The diagnoses have included major depressive psychosis mild, generalized anxiety disorder and insomnia. Treatment to date has included medications, psychiatric, cognitive group therapy and hypnotherapy, surgery, diagnostics and other modalities. Currently, as per the physician progress note dated 5/22/15, the injured worker complains of pain in the back, right leg and groin. He reports difficulty sleeping, communicating and controlling his emotions. He socially isolates and withdraws. He feels sad, tired, irritable, fearful, nervous, restless, anxious, depressed and helpless. He feels like crying and lacks energy. He complains of blurred vision and tends to over eat. He has had weight increase of 10 pounds. He has rapid heart palpitations, has lost interest in activities, has trouble with memory and fears the worst happening. He experiences nightmares and sweats throughout his body, has intrusive recollections and flashbacks related to the industrial injuries, and he has gastrointestinal disturbances. The objective findings reveal that he is irritable, anxious, restless, shows body tension, hands tremble and he is over-talkative. The current medications include Norco, Wellbutrin and Aleve. There are previous psychiatric sessions noted in the records. The physician requested treatments included Group Medical Psychotherapy 1 Weekly x 6 Months total of 24 Sessions and Hypnotherapy/Relaxation Training 1 Weekly x 6 Months Total 24 Sessions and Follow-Up Office Visit Unspecified Frequency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 1 Weekly x 6 Months total of 24 Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: Stress and Mental illness Topic: Cognitive therapy for depression.

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). ODG Psychotherapy Guidelines recommend: "Initial trial of 6 visits and up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker suffered from back injury secondary to industrial trauma and subsequently developed major depressive psychosis mild, generalized anxiety disorder and insomnia. The submitted documentation suggests that the injured worker has already undergone treatment in form of Group Medical Psychotherapy, however there is no clear document regarding the number of sessions completed so far or any evidence of objective functional improvement. The request for additional 24 sessions exceeds the guideline recommendations as quoted above and is not medically necessary.

Hypnotherapy/Relaxation Training 1 Weekly x 6 Months Total 24 Sessions and Follow-Up Office Visit Unspecified Frequency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (Chronic) Topic : Hypnosis Chapter: Mental Illness & Stress Topic: Office visits.

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). 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 injured worker suffered from back injury secondary to industrial trauma and subsequently developed major depressive psychosis mild, generalized anxiety disorder and insomnia. The submitted documentation suggests that the injured worker has already undergone treatment in form of hypnotherapy, however there is no clear documentation regarding the number of sessions completed so far or any evidence of objective functional improvement. The request for additional 24 sessions i.e. hypnotherapy/relaxation training 1 weekly x 6 months total 24 sessions and Follow-Up Office Visit Unspecified Frequency exceeds the guideline recommendations for a complete trial as quoted above and is not medically necessary.