

Case Number:	CM15-0124530		
Date Assigned:	07/09/2015	Date of Injury:	07/30/2012
Decision Date:	08/05/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 female, who sustained an industrial injury on 7/30/2012. The mechanism of injury occurred when the injured worker was moving boxes from overhead. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder and insomnia. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, physical therapy, acupuncture and medication management. In a progress note dated 5/18/2015, the injured worker complains of persistent headaches, backaches, difficulty sleeping, worry and preoccupation with physical condition, but does report improvement. Physical examination showed the injured worker was sad and calm and appeared tense and worried. The treating physician is requesting 6 sessions of medical hypnotherapy/relaxation training, 6 sessions of medical psychotherapy/cognitive behavioral group psychotherapy and one office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation training 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. 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.

Decision rationale: According TO MTUS "The majority of stress research has focused on stress management techniques for individuals. The following techniques can be offered as a way to help reduce the symptoms of stress and give the patient control over stressful situations and offer a measurable and concrete result; they also may curb the patient's desire to increase use of tobacco, alcohol, or other drugs, or excessive eating. The choice of technique may be influenced by the patient's presenting symptoms. For example, relaxation techniques may be particularly effective for individuals manifesting muscle tension. The psychology literature contains much information about meditation, relaxation techniques, and biofeedback for stress and anxiety, with considerable debate on the theories and mechanism of action (e.g., placebo, operant conditioning)." There is no documentation that the patient will benefit from any relaxation technique including functional benefit. Therefore, the request for Medical Hypnotherapy / Relaxation training 1x6 is not medically necessary.

Medical Psychotherapy/cognitive behavioral group psychotherapy 1x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: According to ODG guidelines, psychotherapy is recommended "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a 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)." According to the progress report dated May 18, 2015, the patient felt anxious but reported seeing improvements. The prescription of 6 sessions of psychotherapy is not necessary without documentation of pain and functional benefit. Therefore, the request for Medical Psychotherapy/cognitive behavioral group psychotherapy 1x6 is not medically necessary.

Office Visit x1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In this case, there is no clear documentation for the rational for the request for an office visit. The requesting physician did not provide a documentation

supporting the medical necessity for this visit. The provider documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for office visit is not medically necessary.