MAXIMUS Federal Services

Case Number:	CM15-0064182		
Date Assigned:	04/10/2015	Date of Injury:	05/31/2006
Decision Date:	05/14/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/03/2015

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 58 year old, male who sustained a work related injury on 5/31/06. The diagnoses have included major depressive disorder, anxiety disorder, sleep disorder due to chronic pain, male hypoactive sexual desire due to chronic pain and personality disorder. Treatments have included psychotropic medications, psychotherapy and psychiatric treatment. In the Requested Progress Report/Request For Treatment dated 10/20/14, the injured worker complains of pain that is interfering with his sleep. He has low energy or "drive." He is irritable and angry. He reports temper outbursts related to pain and "worries." He feels discouraged and sad. He worries about the "deterioration of his physical health." The treatment plan is requests for 8 sessions of cognitive behavioral group psychotherapy and 8 sessions of relaxation training/hypnotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) weekly sessions of cognitive behavioral group psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Page(s) 23, 100-102.

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 to6-10 visits over 5-6 weeks (individual sessions). The request for Eight (8) weekly sessions of cognitive behavioral group psychotherapy exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

Eight (8) weekly sessions of relaxation training/hypotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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.

Decision rationale: MTUS is silent on the topic of hypnosis 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 Eight (8) weekly sessions of relaxation training/hypotherapy exceeds the guideline recommendations for an initial trial and thus is not medically necessary.