

Case Number:	CM13-0024173		
Date Assigned:	11/20/2013	Date of Injury:	05/09/2009
Decision Date:	01/09/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine 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 physician 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.

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 patient is a 55 YO, M with a date of injury on 5/9/09. According to the utilization review letter dated 8/14/13, the progress report dated 8/7/13 by [REDACTED] noted that the patient's diagnoses include: major depressive disorder; generalized anxiety disorder; male hyperactive sexual desire; and insomnia. The following items were requested: group medical psychotherapy; medical hypnotherapy; pharmacological management, include prescription; and an office visit. The frequency/duration/quantity for the requested items was not specified. The progress report dated 7/5/13 by [REDACTED] noted that the patient's mood remains stable with psychotropic medications, and the patient reported that he feels sad, anxious, irritable, frustrated, helpless, emotional, and has angry spells. Objective findings included: sad, anxious, and improved mood. The treatment plan was for the patient to continue group psychotherapy 1 session per week, continue psychiatric treatment, continued treatment with PTP, and with a follow up visit in 45 days. The 8/16/13 progress report noted that the patient has made some progress towards current treatment goals, as evidenced by the [REDACTED] note, "Patient's current emotional condition remains stable with psychotropic medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 1 time a week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd. Edition, page 115, as well as the

Official Disability Guidelines (ODG), Treatment in Worker's Compensation, Pain and Stress/Mental Chapters, 2007. .

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

Decision rationale: According to the utilization review letter dated 8/14/13, the progress report dated 8/7/13 by [REDACTED] noted that the patient's diagnoses include: major depressive disorder; generalized anxiety disorder; male hyperactive sexual desire; insomnia. The following items were requested: group medical psychotherapy; medical hypnotherapy; pharmacological management, include prescription; office visit. The frequency/duration/quantity for the requested items was not specified. I was unable to locate the above referenced progress report in the records provided. The progress report dated 7/5/13 by [REDACTED]. [REDACTED] noted that the patient's mood remains stable with psychotropic medications, the patient reported that he feels sad, anxious, irritable, frustrated, helpless, emotional, and has angry spells. Objective findings included: sad, anxious, and improved mood. The treatment plan was for the patient to continue group psychotherapy 1 session per week, continue psychiatric treatment, continued treatment with PTP, and a follow up visit in 45 days. The 8/16/13 progress report noted that the patient has made some progress towards current treatment goals as evidenced by the [REDACTED] note, "Patient's current emotional condition remains stable with psychotropic medication." However, the quantity of the requested visits is uncertain. MTUS pg. 23 recommends a total of up to 6-10 CBT visits over 5-6 weeks with evidence of objective functional improvement. One cannot determine medical necessity on an unknown quantity of requested visits. Recommendation is for denial.

Medical hypnotherapy: 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 Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: According to the utilization review letter dated 8/14/13, the progress report dated 8/7/13 by [REDACTED] noted that the patient's diagnoses include: major depressive disorder; generalized anxiety disorder; male hyperactive sexual desire; insomnia. The following items were requested: group medical psychotherapy; medical hypnotherapy; pharmacological management, include prescription; office visit. The frequency/duration/quantity for the requested items was not specified. I was unable to locate the above referenced progress report in the records provided. The progress report dated 7/5/13 by [REDACTED]. [REDACTED] noted that the patient's mood remains stable with psychotropic medications, the patient reported that he feels sad, anxious, irritable, frustrated, helpless, emotional, and has angry spells. Objective findings included: sad, anxious, and improved mood. The treatment plan was for the patient to continue group psychotherapy 1 session per week, continue psychiatric treatment, continued treatment with PTP, and a follow up visit in 45 days.

The 8/16/13 progress report noted that the patient has made some progress towards current treatment goals as evidenced by [REDACTED] notes, "Patient's current emotional condition remains stable with psychotropic medication." However, the quantity of the requested visits is uncertain. MTUS does not discuss treatment with hypnosis, so a different guideline source was used. ODG recommends the use of hypnosis therapy in some instances for the treatment of PTSD, which the patient does not appear to have and the number of visits should be contained within the total number of psychotherapy visits. MTUS pg. 23 recommends a total of up to 6-10 CBT visits over 5-6 weeks with evidence of objective functional improvement. One cannot determine medical necessity on an unknown quantity of requested visits. Recommendation is for denial.

Pharmacological management, including prescription medication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: According to the utilization review letter dated 8/14/13, the progress report dated 8/7/13 by [REDACTED] noted that the patient's diagnoses include: major depressive disorder; generalized anxiety disorder; male hyperactive sexual desire; insomnia. The following items were requested: group medical psychotherapy; medical hypnotherapy; pharmacological management, include prescription; office visit. The frequency/duration/quantity for the requested items was not specified. I was unable to locate the above referenced progress report in the records provided. The progress report dated 7/5/13 by [REDACTED] noted that the patient's mood remains stable with psychotropic medications, the patient reported that he feels sad, anxious, irritable, frustrated, helpless, emotional, and has angry spells. Objective findings included: sad, anxious, and improved mood. The treatment plan was for the patient to continue group psychotherapy 1 session per week, continue psychiatric treatment, continued treatment with PTP, and a follow up visit in 45 days. The 8/16/13 progress report noted that the patient has made some progress towards current treatment goals as evidenced by [REDACTED] notes, "Patient's current emotional condition remains stable with psychotropic medication." However, the frequency and quantity of the requested visits is uncertain. Pharmacological management is part of a physician office visit. ACOEM pg. 405 regarding follow-up visits states that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. One cannot determine medical necessity on an unknown frequency/quantity of requested visits. Recommendation is for denial.

Office Visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: According to the utilization review letter dated 8/14/13, the progress report dated 8/7/13 by [REDACTED] noted that the patient's diagnoses include: major depressive disorder; generalized anxiety disorder; male hyperactive sexual desire; insomnia. The following items were requested: group medical psychotherapy; medical hypnotherapy; pharmacological management, include prescription; office visit. The frequency/duration/quantity for the requested items was not specified. I was unable to locate the above referenced progress report in the records provided. The progress report dated 7/5/13 by [REDACTED] noted that the patient's mood remains stable with psychotropic medications, the patient reported that he feels sad, anxious, irritable, frustrated, helpless, emotional, and has angry spells. Objective findings included: sad, anxious, and improved mood. The treatment plan was for the patient to continue group psychotherapy 1 session per week, continue psychiatric treatment, continue treatment with PTP, and a follow up visit in 45 days. The 8/16/13 progress report noted that the patient has made some progress towards current treatment goals as evidenced by [REDACTED] notes, "Patient's current emotional condition remains stable with psychotropic medication." However, the frequency and quantity of the requested visits is uncertain. ACOEM pg. 405 regarding follow-up visits states that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. One cannot determine medical necessity on an unknown frequency/quantity of requested visits. Recommendation is for denial.