

Case Number:	CM13-0050217		
Date Assigned:	12/27/2013	Date of Injury:	01/12/2013
Decision Date:	02/28/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is licensed in Psychology, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 37 year-old male with a date of injury of 1/12/13. According to medical reports, while working for ██████████, the claimant sustained injuries to his right hand and psyche when a switch box of a compressor exploded on the claimant's right hand, not only burning his hand, but also causing his clothing to catch on fire. He was treated via two surgical procedures immediately following the incident, one of which included a skin graft from his right leg. He has also received other treatments including medication and physical therapy. In regards to the injury to his psyche, the claimant has been receiving psychological and medication management services. In his Psychological Consultation Report/Request for Treatment Authorization dated 7/1/13 and the RFA form dated 12/4/13, ██████████ diagnosed the claimant with the following: (1) Depressive Disorder NOS; (2) Post-traumatic Stress Disorder; and (3) Insomnia related to PTSD. It is the claimant's psychiatric diagnoses that are relevant in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy: Upheld

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

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

Decision rationale: The California MTUS does not address the use of hypnosis in the treatment of pain nor any other psychiatric condition. As a result, the Official Disability Guidelines regarding the use of hypnosis in the treatment of PTSD will be used as reference in this case. First, the request for "medical hypnotherapy" remains too vague, as it does not indicate the number of sessions being requested and over what duration. In the vast medical records offered for review, there is no specific information related to the hypnotherapy sessions and it unclear as to how many, if any sessions have been completed to date. The ODG recommends that the number of hypnotherapy visits "should be contained within the total number of psychotherapy visits". Although individual psychotherapy was authorized in September 2013, it is unclear whether the claimant received separate individual psychotherapy outside of group therapy. Lastly, although hypnotherapy is approved as a treatment for PTSD, there is not enough information to substantiate the need for further services. Due to the vagueness of the request and the lack of supporting information, the request for medical hypnotherapy is not medically necessary. The request is not certified.

Continued group psychotherapy: Upheld

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

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

Decision rationale: The California MTUS does not address the use of group therapy or the behavioral treatment of PTSD. As a result, the Official Disability Guidelines regarding the use of group therapy and the behavioral treatment of PTSD will be used as reference for this case. First, the request for "continued medical group psychotherapy" remains vague as it does not indicate a certain number of visits being requested and over what duration. Second, although there some generic progress notes and authorization requests offered for review, there is no information specifically about the group psychotherapy sessions. It is unclear as to how many total number of group sessions have been completed to date. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks" may be possible. Also, "extremely severe cases of combined depression and PTSD may require more sessions if documented that CBT is being done and progress is being made. Psychotherapy lasting for at least a year, or 50 sessions, is more effective than shorter-term psychotherapy for patients with complex mental disorders, according to a meta-analysis of 23 trials." Despite the ODG recommendation for increased number of sessions for complex cases of PTSD and depression, the documentation offered for review does not provide enough evidence to support the need for further sessions. Due to the vagueness of the request and the lack of supporting information, the request for continued medical group psychotherapy is not medically necessary. The request is not certified.

Follow-up evaluation with a psychologist: 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 Page(s): 100-101.

Decision rationale: The California MTUS guidelines regarding psychological evaluations will be used as reference in this case. Based on the review of the medical records, the claimant received a psychological evaluation with [REDACTED] on 7/1/13. It is unclear why a follow-up evaluation is being requested. The claimant is in the process of receiving psychological services, although the medical records offered for review do not provide very specific information on those services. Until the services are completed and/or the services need to be re-evaluated, the request for another psychological evaluation appears premature. As a result, the request for a follow-up evaluation with a psychologist is not medically necessary. The request is not certified.