

Case Number:	CM13-0059934		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2004
Decision Date:	05/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 Board Certified in Psychology and is licensed to practice in Texas. 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 injured worker is a 32-year-old male who reported an injury on 01/07/2004 after a traumatic amputation of his left index finger and thumb. The injured worker reportedly developed a depressive disorder, post-traumatic stress disorder, panic disorder, insomnia related to post-traumatic stress disorder and chronic pain, and stress related psychological response. The injured worker underwent psychological testing on 08/13/2013. It was documented as a result of psychological testing it was determined that the injured worker had clinical symptoms of anxiety and depressive manifestations with intellectual functional decline. The request for treatment dated 10/09/2013 documented that the injured worker had improved mood with individual psychotherapy; however, had continued bouts of anxiety and intense fear. Objective findings included a sad anxious mood with preoccupation of physical and emotional symptoms. The injured worker's treatment plan included cognitive behavioral group psychotherapy for weekly sessions for the next 6 weeks to assist with emotional symptoms, relaxation training weekly for 6 weeks to help the injured worker manage stress and pain levels, and psychiatric treatment by a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE-BEHAVIORAL PSYCHOTHERAPY WEEKLY TIMES 6 MONTHS (26 VISITS): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL HEALTH AND STRESS CHAPTER, COGNITIVE BEHAVIORAL THERAPY FOR PTSD

Decision rationale: The Expert Reviewer's decision rationale: The requested cognitive-behavioral psychotherapy weekly times 6 months (26 visits) is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule do not address cognitive behavioral therapy related to post-traumatic stress disorder. The Official Disability Guidelines recommend up to 50 visits of cognitive behavioral therapy related to the diagnosis of post-traumatic stress disorder be based on objective and subjective improvements of a clinical trial. The clinical documentation does indicate that the injured worker has participated in 1 visit. This does not constitute as a trial. Therefore, the efficacy of treatment cannot be determined. Therefore, an additional 26 visits would not be considered appropriate at this time. As such, the requested cognitive-behavioral psychotherapy weekly times 6 months (26 visits) is not medically necessary or appropriate.

PSYCHIATRIC TREATMENT MONTHLY TIMES 4 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS AND STRESS CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL HEALTH AND STRESS CHAPTER, COGNITIVE BEHAVIORAL THERAPY FOR PTSD

Decision rationale: The requested psychiatric treatment monthly times 4 months is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule do not address psychiatric treatment for post-traumatic stress disorder syndrome. However, the Official Disability Guidelines do recommend ongoing psychiatric treatment to be based on clinical trial. The clinical documentation does indicate that the injured worker has participated in 1 visit of psychiatric therapy. However, no objective or subjective improvements were provided. Additionally, 1 treatment does not constitute a trial. Therefore, the appropriateness of additional treatment cannot be determined. As such, the requested psychiatric treatment monthly times 4 months is not medically necessary or appropriate.

WEEKLY RELAXATION TRAINING AND HYPNOTHERAPY TIMES 6 MONTHS:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES MENTAL ILLNESS AND STRESS CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL HEALTH AND STRESS CHAPTER, HYPNOTHERAPY

Decision rationale: The requested weekly relaxation training and hypnotherapy times 6 months are not medically necessary or appropriate. Although a period of relaxation and training with hypnotherapy would be appropriate according to the Official Disability Guidelines, the request as it is submitted does not clearly define a frequency of treatment during the duration of 6 months. Therefore, the appropriateness of the request itself cannot be determined. Additionally, 6 months of treatment does not provide an appropriate period to re-assess and evaluate the need for ongoing treatment. Therefore, the requested weekly relaxation training and hypnotherapy times 6 months is not medically necessary or appropriate.