

Case Number:	CM14-0005115		
Date Assigned:	02/07/2014	Date of Injury:	11/16/2008
Decision Date:	06/23/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/14/2014

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 70 year-old male [REDACTED] with a date of injury of 11/16/08. The Claimant sustained injury when a heavy, wheeled pallet he was pulling got stuck and he yanked at it hard and rocked it back and forth. He sustained this injury while working as a sales associate for [REDACTED]. In a Pr-2 report 12/12/13, [REDACTED] diagnosed the claimant with: (1) Posterior lumbar interbody fusion, L3-4; (2) Posterior instrumentation, L3-4; (3) Posterolateral fusion, L3-4; (4) Interbody fusion cage, L3-4; and (5) Harvesting of iliac crest bone graft. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related physical injuries. In his "Psychological Consultation Report/Request for Treatment Authorization" dated 4/5/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Insomnia related to generalized anxiety disorder and chronic pain; and (4) Stress-related physiological response affecting general medical condition, gastrointestinal disturbances. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT COGNITIVE BEHAVIORAL GROUP THERAPY 12 SESSIONS FOR 12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014,

web based edition, Cognitive Behavioral Therapy; as well as http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Chapter.; as well as The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118).

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services with [REDACTED] and medication management from [REDACTED]. There is a "Requested Progress Report" from [REDACTED] dated 10/2/13 that does not offer any updated diagnostic information nor does it indicate how many sessions have been completed. It does, however, note that the claimant has had "good response to psychotropic medication and psychotherapy. The patient has experienced episodes of worsening of his emotional condition; however, in general his emotional and psychosocial function is improved". In a subsequent "Requested Progress Report" dated 11/8/13, [REDACTED] indicates that the "patient has made some progress towards his treatment goals as evidenced by patient reports of improved mood with psychotherapy medication". In the most recent PR-2 report from [REDACTED], dated 12/20/13, it is noted that the claimant has "sad mood, dysphoric mood, irritable, anxious mood, restless, nervous, apprehensive, and over-talkative." Despite this information, it is unclear from the records as to how many psychotherapy services have been completed to date or at least in 2013, and the sustained progress and improvements of those services. Without this information, the need for additional services, particularly for another 3 months, cannot be fully determined. As a result, the request for "Outpatient Cognitive Behavioral Group Therapy 12 Sessions For 12 Weeks" is not medically necessary.

OUTPATIENT RELAXATION TRAINING/HYPNOTHERAPY 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines; as well as http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services with [REDACTED] and medication management from [REDACTED]. There is a "Requested Progress Report" from [REDACTED] dated 10/2/13 that does not offer any updated diagnostic information nor does it indicate how many sessions (psychotherapy nor hypnotherapy/relaxation) have been completed. It does however, note that the claimant has had "good response to psychotropic medication and psychotherapy. The patient has experienced episodes of worsening of his emotional condition; however, in general his emotional and psychosocial function is improved". In a subsequent "Requested Progress Report" dated 11/8/13, [REDACTED] indicates that the "patient has made some progress towards his treatment goals as evidenced by patient reports of improved mood with psychotherapy medication". In the most

recent PR-2 report from [REDACTED], dated 12/20/13, it is noted that the claimant has "sad mood, dysphoric mood, irritable, anxious mood, restless, nervous, apprehensive, and over-talkative." Despite this information, it is unclear from the records as to how many hypnotherapy/relaxation or psychotherapy sessions have been completed to date or at least in 2013, and the sustained progress and improvements of those sessions. Without this information, the need for additional services, particularly for another 3 months, cannot be fully determined. As a result, the request for "Outpatient Relaxation Training/Hypnotherapy 12 Sessions For 12 Weeks" is not medically necessary.

1 OFFICE VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines; as well as as well as http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services with [REDACTED] and medication management from [REDACTED]. There is a "Requested Progress Report" from [REDACTED] dated 10/2/13 that does not offer any updated diagnostic information nor does it indicate how many sessions (psychotherapy nor hypnotherapy/relaxation) have been completed. It does however, note that the claimant has had "good response to psychotropic medication and psychotherapy. The patient has experienced episodes of worsening of his emotional condition; however, in general his emotional and psychosocial function is improved". In a subsequent "Requested Progress Report" dated 11/8/13, [REDACTED] indicates that the "patient has made some progress towards his treatment goals as evidenced by patient reports of improved mood with psychotherapy medication". In the most recent PR-2 report from [REDACTED], dated 12/20/13, it is noted that the claimant has "sad mood, dysphoric mood, irritable, anxious mood, restless, nervous, apprehensive, and over-talkative." Despite this information, it is unclear from the records as to how many services have been completed to date or at least in 2013, and the sustained progress and improvements of those sessions. Without this information, the need for additional services cannot be fully determined. Additionally, it is unclear from the records the need for an office visit. As a result, the request for "1 Office Visit" is not medically necessary.