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| Case Number: | CM14-0006997 | | |
| Date Assigned: | 02/07/2014 | Date of Injury: | 01/15/2009 |
| Decision Date: | 06/09/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/15/2014 |

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 Board Certified in Psychiatry and Neurology 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:

According to the records made available for review, this patient reported a 1/15/09 date of injury. At the time (10/5/13) of request for authorization for relaxation training sessions, 1 time a week for 6 weeks and cognitive behavioral group psychotherapy sessions, 1 time a week for 6 weeks, there is documentation of subjective (feelings of sadness and pessimism about his physical condition and symptoms of depression) and objective (anxious mood, depressed mood, and poor concentration) findings, current diagnoses (major depressive disorder, generalized anxiety disorder, male hypoactive desire, and sleep disorder insomnia type), and treatment to date (cognitive behavioral therapy with relaxation training). The previous number of cognitive behavioral therapy with relaxation therapy sessions cannot be determined. There is no documentation of evidence of objective functional improvement with previous treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

RELAXATION TRAINING SESSIONS, 1 TIME A WEEK FOR 6 WEEKS: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, generalized anxiety disorder, male hypoactive desire, and sleep disorder insomnia type. In addition, there is documentation of previous cognitive behavioral therapy with relaxation therapy sessions completed to date. However, there is no documentation of the number of previous cognitive behavioral therapy with relaxation therapy sessions to determine if guidelines have been exceeded or will be exceeded with the additional request. In addition, there is no documentation of evidence of objective functional improvement with previous treatment. Therefore, the request for relaxation training sessions, 1 time a week for 6 weeks is not medically necessary and appropriate.

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY SESSIONS, 1 TIME A WEEK FOR 6 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-Treatment In Worker's Compensation (ODG-TWC); Cognitive Behavioral Therapy.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, generalized anxiety disorder, male hypoactive desire, and sleep disorder insomnia type. In addition, there is documentation of previous cognitive behavioral therapy with relaxation therapy sessions completed to date. However, there is no documentation of the number of previous cognitive behavioral therapy with relaxation therapy sessions to determine if guidelines have been exceeded or will be exceeded with the additional request. In addition, there is no documentation of evidence of objective functional improvement with previous treatment. Therefore, the request for cognitive behavioral group psychotherapy sessions, 1 time a week for 6 weeks is not medically necessary and appropriate.