MAXIMUS Federal Services

Case Number:	CM14-0105112		
Date Assigned:	09/16/2014	Date of Injury:	04/20/2012
Decision Date:	10/15/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/08/2014

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 a licensed Psychologist and is licensed to practice in Utah. 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 patient is a 30-year-old female who has submitted a claim for mild depress psychosis associated with an industrial injury date of April 20, 2012. Medical records from 2013 to 2014 were reviewed. The patient reports feeling nervous, restless, and emotional. She feels frustrated, sad and helpless that she is unable to engage in activities she once enjoyed. She has crying spells and feels afraid and worries about her financial circumstances and persisting pain. There were no psychiatric treatments given to date. Objective findings show that the patient is anxious, apprehensive and tense. She is preoccupied about her physical limitations and inability to engage in her usual activities. Treatment goals include: decrease frequency and intensity of depressive symptoms; improve duration and quality of sleep; and decrease frequency and intensity of anxious symptoms. The diagnoses were major depressive disorder, single episode, mild; generalized anxiety disorder; female hypoactive sexual desire disorder due to chronic pain; insomnia related to generalized anxiety disorder and chronic pain; pain disorder associated with both psychological factors and a general medical condition; and stress-related physiological response affecting general medical condition, gastrointestinal disturbances, headaches.There were no noted psychiatric treatments given to date. A Utilization review from June 13, 2014 denied the requests for 6 group medical psychotherapy sessions and 6 medical hypnotherapy/relaxation sessions. Reasons for denial were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Group medical psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Cognitive Behavioral Therapy for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Group therapy

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. As per ODG, group therapy should be considered for patients with PTSD. It is recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. In this case, the patient presents with several psychosocial issues and would benefit from psychotherapy sessions. However, as per the guidelines, an initial trial of 3-4 psychotherapy sessions over 2 weeks is recommended. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 6 Group medical psychotherapy sessions is not medically necessary.

6 medical hypnotherapy/relaxation sessions: Upheld

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

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

Decision rationale: The CA MTUS does not specifically address hypnosis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. In this case, there was no discussion as to why adjuvant hypnotherapy is needed in this case. There is weak evidence to support efficacy of hypnosis. Moreover, the present request for 6 sessions exceeded guideline recommendation of initial trial of 4 visits. Therefore, the request for 6 medical hypnotherapy/relaxation sessions is not medically necessary.