

Case Number:	CM14-0105174		
Date Assigned:	07/16/2014	Date of Injury:	09/03/2002
Decision Date:	08/25/2014	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 Licensed in Clinical 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:

Based on the records that were provided for this independent medical review, this patient is a 60-year-old female who reported an occupational/work-related injury on 9/3/2002. The patient reported that the injury occurred during her normal usual and customary duties for the department of social service; her work duties included driving trucks/cars, forklifts or other equipment. No details of her injury were provided. She complains of neck pain that radiates bilaterally to her upper extremities, low back pain that is constant and radiates down to the bilateral lower extremities, and pain her right hip. Medically, she has been diagnosed with lumbar radiculopathy and right shoulder pain as well as chronic pain, and she is status post right shoulder surgery. Psychologically, she has been diagnosed with major depressive disorder, generalized anxiety disorder, and insomnia. She reports symptoms including social isolation, irritability, frustration, sadness, preoccupation with health, nervousness, and anxiety. A psychological assessment review from March 2014 stated her Beck Depression Inventory (BDI) - II rating was moderate to severe depression. A recent note from the patient's treating psychiatrist states that she has continued anxiety, intermittent low mood, low appetite, and low energy. A progress note from her treating psychologist from June 2014 states that there is improvement in her emotional condition with treatment, and that she is using the exercises she learned from treatment to better manage her current stressors. It is indicated that she has persistent pain that is interfering with her activities of daily living and sleep, and she feels depressed/nervous about her physical condition. She reports social isolation. Treatment goals are listed as decreasing the frequency and intensity of depression symptoms, improving the duration and quality of her sleep, and decreasing the intensity of her anxiety symptoms. Progress has been made in that she is showing increased motivation and attending social interactions with treatment, and using cognitive restructuring exercises helps her cope with current stressors. A

request was made for cognitive behavioral group psychotherapy (six sessions) to help her cope with her physical condition, levels of pain, and emotional symptoms, along with a request for relaxation training/hypnotherapy (six sessions) to help her with stress and pain. These were both non-certified. The utilization reviewer's rationale for non-certification was stated as being that the patient's injury occurred almost 12 years ago and she has already been treated with an unknown number of hypnotherapy sessions, group psychotherapy sessions, and/or individual therapy treatment sessions, with no evidence regarding objective improvements; furthermore, the MTUS guidelines suggest 13 to 20 sessions of psychotherapy, and the requested quantity of sessions is excessive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy, one time per week for six weeks: 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 Cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter: psychotherapy guidelines for cognitive behavioral therapy, June 2014.

Decision rationale: After a careful review of all of the medical records as they were provided to me, it is clear that this patient has been injured. Although the patient has, according to the records provided, been making functional improvements as result of her treatment, there is no indication of how many sessions she has had in total to date. In addition, although there is a treatment plan with specific goals, there is no date by which these goals are supposed to be completed or what progress she has been making towards these goals. Most importantly there is no indication of when these goals originally were established and whether or not they have been updated. It is common standard practice when providing treatment goals that they have a specific date for when they were established and by when they are expected to be completed: none of this was included. In addition, it appears that she has already had more than the maximum number of sessions that would be recommended by the Official Disability Guidelines, which state that 13-20 visits are appropriate for patients who are making progress in their treatment. Therefore, the request for cognitive behavioral group psychotherapy, 1 time per week for 6 weeks, is not medically necessary.

Relaxation Training and Hypnotherapy once a week for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399, Chronic Pain Treatment Guidelines Behavioral interventions Page(s):

399. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: hypnosis, June 2014 update.

Decision rationale: As was stated above, there is no documentation about the total number of sessions that have been provided to date. Without this information it is impossible to move forward in authorizing additional sessions, as she probably has already reached the maximum allowed given the chronicity of her condition and lengthy treatment she has already had. According to the Official Disability Guidelines chapter on mental illness and stress, hypnosis can be used in some circumstances with patients, and the total number of sessions provided should be the same as the total number of psychotherapy sessions. This would allow that she should have up to 13 to 20 visits maximum if progress is being made. Because there is no indication of how many sessions she has had, it is impossible to determine whether not she has exceeded the recommended total number of visits. In addition, there is no mention of the use of this treatment in prior sessions, what impact it has had so far, and whether progress is being made. Therefore, the request for relaxation training and hypnotherapy once a week for 6 weeks is not medically necessary.