

Case Number:	CM14-0010726		
Date Assigned:	02/21/2014	Date of Injury:	12/19/2011
Decision Date:	07/03/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/27/2014

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 Clinical Psychologist 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 provided for this independent medical review, this is a 55 year old female who was who reported an industrial/occupational related injury that occurred between the dates of November 7th 2010 in November 7th 2011. Reportedly, the injury occurred while the patient was in the normal course of her work duties for [REDACTED] where she worked since approximately October of 1993. Her work involved housekeeping & laundry, cleaning approximately 14 rooms a day. There was a reported a slip and fall injury when she tripped on a concrete step and injured her right knee and subsequently developed significant pain although she did continue to try and work. A second slip and fall occurred around March 2012 at home when she fell on her right side and was reinjured. There is a notice that she began to experience anxiety and depression starting in 2012 as a result of her having a lot of pain and being worried about her ability to work in the future and support herself financially. In addition to the problems resulting from the slip and fall there is cumulative trauma injuries and she reports bilateral shoulder pain and bilateral knee pain, left ankle pain, left wrist and hand pain, right wrist and hand pain. She has been diagnosed with Depressive Disorder not otherwise specified, Anxiety Disorder not otherwise specified, Insomnia related to anxiety disorder not otherwise specified and Female Hypoactive Sexual Desire disorder due to chronic pain. A request for group medical psychotherapy number of sessions unspecified frequency of visits unspecified was made, and additional request for hypnotherapy relaxation training was also made with duration of treatment in session frequency both sides again unspecified. this independent medical review would receive a request to overturn the non certification of both of these treatment requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP MEDICAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, cognitive behavioral therapy Page(s): 23.

Decision rationale: I carefully and thoroughly reviewed proximally 460 pages of medical reports that were provided for this independent medical review. In May 2012 it was recommended the patient participate in cognitive behavioral therapy weekly and psychiatric consultation to consider the use of psychotropic medication and 8 sessions of weekly relaxation training in hypnotherapy. Progress notes seem to start around October 2012 stating the patient was still experiencing sleep difficulties, constant pain, and worry about her health and financial limitations. January 28th 2013 noted she was attending group and finds interaction helpful but continues to have difficulty with sleep and is struggling with worse pain levels and financial difficulties with continued depressed and anxious mood with little energy. Similar summary handwritten and often difficult to read progress reports are found up to October 2013 that reflect on going shoulder pain lower extremity pain left ankle pain the pain and wrist pain and mood as sad, helpless and hopeless with social isolation/loneliness and difficulty completing daily tasks with discouragement about the future and feeling like she's a failure she's self-critical and has lost self confidence in herself is reportedly irritable and agitated sometimes and has a decreased sexual desire due to her persistent pain. According to a comprehensive report from October 2013 the patient has participated in a full course of treatment and has benefited with some improvement in her general emotional and psychological functioning and a significantly decrease in anxiety intensity and frequency and is in partial remission, with residual depressive symptoms and general clinical picture still meet the diagnosis of depressive disorder not otherwise specified impairment for sleep and sexual functioning has not improved much. The recommendation was for continued treatment twice per month basis duration unspecified. It is entirely unclear if the patient attended therapy weekly or less frequently. The total number of sessions provided was not specified. The request for treatment was done open-ended with no time frame. Therefore this unspecified request would essentially be authorizing unlimited treatment. Although in several places progress notes did mention that the treatment was suggested to be held twice per month the request under consideration here does not reflect and specificity of frequency, duration or total past number of sessions provided. There was sufficient documentation of functional improvement although not in the monthly summary notes. The MTUS guidelines are non-specific for "Group medical psychotherapy" but they do address individual cognitive behavioral therapy (CBT) and according to the MTUS guidelines, an initial course of cognitive behavioral therapy would consist of 3-4 sessions and with documented objective functional improvement additional 6-10 sessions could be offered. It does appear the patient has made some significant improvements as a function of her treatment and while the total number of sessions is impossible to estimate, it likely is much more than the 10 suggested as a maximum. The ODG guidelines are more generous (up to 20 sessions with functional improvement documented) but still even with these

the number of sessions provided to date is needed and more importantly a request for a specific number of sessions rather than an unspecified number is required to consider if more sessions could be offered under either the MTUS or ODG guidelines; therefore due to this insufficient information issue the request cannot be overturned.

HYPNOTHERAPY/RELAXATION TRAINING: 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) Mental/Stress Chapter: topic Hypnosis June 2014 update page 21.

Decision rationale: The MTUS guidelines are non-specific for Hypnosis and relaxation therapy but the Official disability guidelines (ODG) do state that hypnosis is a recommended procedure for PTSD and IBS, but the patient does not appear to have either of these symptoms. Again the request for treatment was not specific with respect to the exact number of sessions requested and the time duration, her response to prior secession of hypnosis and relaxation were not detailed and the total number of sessions provided to her was also not discussed. Finally this request is written open-ended meaning that overturning the denial would be allowing for unlimited sessions with open ended duration, therefore the request to overturn is denied due to insufficient information.