MAXIMUS Federal Services

Case Number:	CM14-0019390		
Date Assigned:	04/21/2014	Date of Injury:	04/03/2009
Decision Date:	07/02/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/14/2014

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 Board Certified in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 patient is a 62 year old male who reported an industrial/occupational work related injury on April 3rd 2009 in the normal course of his duties for the [redacted], where he worked as a supervising registered nurse. The patient noted interpersonal difficulties his coworkers and resulting stress when on several occasions after disciplining subordinates there were harassing claims filed against him in retaliation. There appears to be an additional date of injury of July 16th 2009 when he slipped and fell resulting in pain in his back and left leg. Symptoms include extremely poor sleep, poor appetite, low energy, irritability, poor concentration, significant depression, hypertension cardiovascular problems. He has been prescribed Celexa and Ambien Depression and anxiety are the primary areas of psychological distress that he reports and he has been diagnosed with Depressive Disorder, NOS, generalized anxiety disorder, insomnia related to generalized anxiety disorder, and psychological factors affecting medical condition, headache. Subjectively he reports neck pain, back pain, depression, irritability, worry, sadness, GI/stomach problems and pain body. A request for 12 sessions of group psychotherapy, 12 sessions of hypnotherapy relaxation training, and four individual psychotherapy sessions, was made and all were non-certified. This independent medical review will review a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOTHERAPY, QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) are not specific regarding the use of group psychotherapy. According to the Official Disability Guidelines (ODG) Mental and Stress chapter topic Group Therapy is recommended to be provided in a supportive environment for patients who have post-traumatic stress disorder PTSD. Insufficient information was provided in the medical chart, specifically there was no information about whether or not this patient has had group therapy already and if so how many sessions and if so was any benefit derived from those sessions. In addition to the rationale and specific goals of what the group therapy might be used to accomplish with this particular patient was not addressed. According to the ODG guidelines for psychotherapy (individual), an initial block of 3-4 sessions is offered as a trial to determine effectiveness and if it is likely to provide improved function to the patient then additional sessions can sometimes be provided up to 10 maximum. This request for 12 exceeds that maximum. There also was insufficient support for the group therapy for this particular patient based on the information provided. There were no chart notes for documents that stated why group therapy was being recommended and in what manner of symptoms it would be used for. Because of this lack of information, this treatment is not medically necessary and appropriate.

HYPNOTHERAPY/RELAXATION TRAINING, QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) are nonspecific with regards to the use of hypnotherapy, however the Official Disability Guidelines (ODG) Mental and Stress chapter states that there are indications for the use of hypnotherapy with post-traumatic stress disorder PTSD it does not address the use in patients who have chronic pain. In the progress notes that were provided. There is no rationale for discussion of why this particular patient would be needing hypnotherapy, there is no indication of what the symptoms are specifically that the hypnotherapy/relaxation training would be addressing and no mention whether or not he has already had any of this treatment in the past and if so whether or not any benefit was or was not achieved from it. This patient does not have a diagnosis of PTSD and without clearly specified rationale for providing this treatment for a patient with depression/pain

it is unclear what the expected objective functional improvement would be. According to the ODG guidelines for psychotherapy (individual), an initial block of 3-4 sessions is offered as a trial to determine effectiveness and if it is likely to provide improved function to the patient then additional sessions can sometimes be provided up to 10 maximum. This request for 12 exceeds that maximum. Therefore the request for 12 sessions of hypnotherapy is not medically necessary and appropriate.

INDIVIDUAL PSYCHOTHERAPY QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

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

Decision rationale: A request for four sessions of individual psychotherapy was also made and non-certified. This request could potentially fall within the medically necessary official disability guidelines as the number of sessions request it does not seem excessive, however because the therapist did not provide the total number of sessions provided to date it is impossible to tell how many sessions he has had already. The duration of his current treatment with [redacted] appears to have spanned most of 2013; it is unclear what if any therapy he has had from 2009 to 2013. The California Medical Treatment Utilization Schedule (MTUS) guidelines states a total of up to 10 sessions can be offered if there is objective improvement documented from the first 3-4 sessions. Although there were approximately 4-5 progress notes from his treatment it is not clear if this was from group therapy, or individual therapy and again the total number of session to data that the patient has received must be provided as well as clear documentation of any functional improvements that have been achieved because of this missing information I was unable to see if he has had the maximum number of sessions already and based on what was provided it does not appear that there were very many specific benefits derived from them those prior sessions. Therefore allowing an additional block of treatment is not supported by the documents provided for this review. The requested treatment is not medically necessary and appropriate.