

Case Number:	CM14-0125364		
Date Assigned:	08/11/2014	Date of Injury:	07/01/2014
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/06/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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 Official Disability Guidelines (ODG) group therapy 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 received psychological testing on 07/09/23, which was reported to be incomplete per utilization review of 07/23/14. There was no testing or details given in the evaluation (e.g. objective) to suggest that the patient required or would benefit from group psychotherapy. Additionally, although Official Disability Guidelines (ODG) recommends group therapy as a supportive environment, it is recommended for PTSD patients. This patient was not diagnosed with PTSD. Therefore, the request for Cognitive behavioral group psychotherapy once a week for twelve weeks is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy once a week for twelve weeks (1X12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Mental Illness & Stress Chapter regarding Group therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress>, Group Therapy.

Decision rationale: The patient received psychological testing on 07/09/23, which was reported to be incomplete per utilization review of 07/23/14. There was no testing or details given in the evaluation (e.g. objective) to suggest that the patient required or would benefit from group psychotherapy. Additionally, although ODG recommends group therapy as a supportive environment, it is recommended for PTSD patients. This patient was not diagnosed with PTSD. This request is noncertified. CA-MTUS does not address group psychotherapy. Per ODG group therapy 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 (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions.

Hypnotherapy relaxation training once a week for twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG for Mental Illness & Stress Chapter regarding Hypnosis.

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

Decision rationale: The Official Disability Guidelines (ODG) indicates that hypnotherapy is an effective adjunctive procedure in the treatment of PTSD and may be used to alleviate PTSD symptoms such as pain, anxiety, dissociation, and nightmares, and reduce IBS symptoms due to reducing psychological distress. ODG also indicates that hypnotherapy is not a therapy per se, but an adjunct to psychodynamic, cognitive-behavioral, or other therapies, and has been shown to enhance significantly their efficacy for a variety of clinical conditions. Number of visits should be contained within the total number of Psychotherapy visits. The patient does not have the diagnosis of PTSD, and she is not receiving psychotherapy with which to use hypnotherapy in conjunction with. Therefore, the request for hypnotherapy relaxation training once a week for twelve weeks is not medically necessary and appropriate.

Psychiatric evaluation and monthly follow appointments for 6-8 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Based on the medical records provided for review, the patient first reported her symptoms of depression and anxiety on 07/01/14, which is greater than 6-8 weeks ago, falling under ACOEM's recommendation that referral to a specialist be made after symptoms continue for that period of time. The patient began her psychological evaluation on 07/09/14 but apparently, it was not completed. Given these factors, a referral to a psychiatrist is warranted. However, until her psychological evaluation is complete and the patient is fully assessed by a psychiatrist it would be difficult to determine how many follow up appointments she needs, how often these should occur, and over what length of time. Therefore, the request for Psychiatric evaluation and monthly follow appointments for 6-8 months are not medically necessary and appropriate.