MAXIMUS Federal Services

Case Number:	CM14-0146457		
Date Assigned:	09/12/2014	Date of Injury:	06/13/2011
Decision Date:	11/18/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/09/2014

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 Psychology and is licensed to practice in 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:

The injured worker is a 46-year-old male who reported a cumulative trauma injury on 06/13/2011. The current diagnoses include major depressive disorder, generalized anxiety disorder, panic disorder, male hypoactive sexual desire disorder, insomnia, sleep apnea, stress related psychological response, mental disorder, and cognitive disorder. Previous conservative treatment is noted to include physical therapy, medications, and psychiatric treatment. The injured worker was evaluated on 04/02/2014 with multiple psychiatric complaints. The psychological examination provided on that date revealed a depressed affect, memory difficulties, poor concentration, preoccupation, anxiety, a sad mood, facial flushing, nervousness, a dysphoric mood, bodily tension, hypervigilence, restlessness, apprehension, and a rigid posture. Treatment recommendations at that time included cognitive behavioral group psychotherapy once per week for 12 weeks with hypnotherapy/relaxation training once per week for 12 weeks and a psychiatric evaluation with monthly following appointments. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Group Psychotherapy 1 session per week Times 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice

Guidelines, 2nd Edition (2004) page 398-404 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008) page 1062-1067

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. California MTUS utilizes Official Disability Guidelines cognitive behavioral therapy guidelines, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The current request for 6 weeks of psychotherapy would exceed guideline recommendations. Additionally, the amount of psychotherapy sessions previously completed was not mentioned. Therefore, the current request is not medically necessary.

Relaxation Training/ Hypnotherapy 1 Session Per Week Times 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) page 398-404Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008) page 1062-1067

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. California MTUS utilizes Official Disability Guidelines cognitive behavioral therapy guidelines, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The current request for 6 weeks of psychotherapy would exceed guideline recommendations. Additionally, the amount of psychotherapy sessions previously completed was not mentioned. Therefore, the current request is not medically necessary.

Psychological Treatment Follow-Up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) page 398-404Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008) page 1062-1067

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. As the injured worker's cognitive behavioral group psychotherapy and relaxation training has not

been authorized, the request for a psychological treatment follow-up visit is also not medically necessary. As such, the request is not medically necessary.