

Case Number:	CM14-0152633		
Date Assigned:	09/22/2014	Date of Injury:	04/26/2011
Decision Date:	10/22/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 review, this 64-year-old male injured worker reported a work-related injury that occurred on April 26, 2011. Injury reportedly occurred during his normal work duties for [REDACTED] as a Custodian. There are two prior work-related injuries including a low back injury in 1990 and a neck injury 2008. He has been diagnosed medically lumbar myofascial pain/disk protrusion/radiculopathy. Reports constant pain to his neck with headache requires report for walking with a cane. He has bilateral shoulder, hip, wrist and thumb pain and low back constant pain. He reports depression and anxiety, sexual difficulties sleeping difficulties stomach upset. He reports moderate to severe difficulty with it activities of daily living. For the purposes of this review, Psyche will be the issue addressed. He has been diagnosed with: Depressive Disorder NOS; Anxiety Disorder NOS Male Erectile Disorder Due To Chronic Pain; Insomnia. The injured worker has been receiving treatment for an unknown length of time by psychiatry and psychology. Progress report from his treating psychiatrist dated July 2014 states that "he is in misery and having difficulty getting treatments approved but is tolerating psychiatric medications effects or an Ativan with benefit and that mood and sleep are improved." Psychological progress notes from January 2014 states that the injured worker has had some "improvement with his sleep due to medication but feel sad and helpless do his worsening physical condition and inability to engage in activities he feels depressed and emotional has difficulty remembering things and concentrating." He worries about the future and has persistent pain and worries about the impact of his pain on his marriage. Treatment goals are listed as decreasing the frequency of depression and anxiety and improving the duration and quality of sleep and progress has been listed as improved sleep with sleep medication. Past treatment has included cognitive behavioral group psychotherapy one time per week and relaxation

training/hypnotherapy one time per week. The total number of sessions that have been provided to date has not been specified.

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 ACOEM Page(s): 398, 400. Decision based on Non-MTUS Citation Official Disability Guidelines - Psychotherapy Guidelines (<http://www.odg-twc.com/odgtwc/pain.htm>)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Cognitive Behavioral Therapy Psychotherapy, June 2014 update

Decision rationale: According to the MTUS/ODG treatment guidelines, patients who have completed an initial treatment trial usually consisting of 3 to 4 sessions and have demonstrated objective functional improvement as a result may be offered additional sessions 13-20 sessions maximum. The total number of prior sessions was not provided for this independent medical review, however the utilization review rationale for non-certification stated that the injured worker is already had three years of psychological treatment and it appears that he has greatly exceeded this maximum number. Progress notes that were provided were inadequate to substantiate additional treatment as being medically necessary. Provided virtually no detail with respect to his making any progress in objective functional improvements, progress towards goals in treatment were not specified or detailed. The only treatment goal that had been met was stated as improved sleep with medication which has nothing to do with requested treatment. There is no progress note detailing content of prior sessions at the injured worker has been discussing or the process in which the therapy is engaging in his attempts to address critical issues in his treatment. Because additional sessions are contingent on an injured worker making functional improvements and not simply symptomology criteria of medical necessity has not been met; the request Group Medical Psychotherapy is not medically necessary.

Medical Hypnotherapy Relaxation Training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (<http://www.odg-twc.com/odgtwc/pain.htm>)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter topic: hypnosis

Decision rationale: The ACOEM describes relaxation techniques such as the use of meditation, biofeedback, autogenic training is helpful for chronically stressed populations. They do not

specifically address the number of sessions that should be offered and 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. This injured worker does not have that diagnosis. The above discussion of psychotherapy sessions is relevant here in the guidelines of 13-20 sessions apply. There were no treatment records from his prior sessions of this modality that reflect his participation and most importantly the outcome of any prior sessions that he has had although there were a couple of treatment progress notes they were for cognitive behavioral therapy treatment and not hypnotherapy. There is no indication of how relaxed he got and if pain reduction resulted. There was no indication if there were any objective functional improvements or if home training has been taught and his response to attempts to teach him to engage in home training of relaxation. Continued authorization of psychological sessions is not contingent solely upon patient symptomology but also demonstrated documented objective functional improvements. There was no evidence of this being made, there was no evidence of significant progress towards treatment goals being made, and the treatment goals did not appear to change at all during the course of treatment. Although he does appear to have had quite a bit of this treatment modality, there is absolutely no medical record of what happened in the course of the sessions or the results from them. The medical necessity of additional sessions has not been established request; therefore, the request Medical Hypnotherapy Relaxation Training is not medically necessary.