MAXIMUS Federal Services

Case Number:	CM14-0156281		
Date Assigned:	09/25/2014	Date of Injury:	07/26/2011
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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 licensed 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 that were provided for this independent medical review, this patient is a 49-year-old female reported in industrial/occupational injury that occurred on July 26, 2011. The cause of the injury and the nature of how it impacted her physical and psychological state was not reported although the utilization review rationale for non-certification stated that she: "developed pain from twisting, pushing, pulling activities (details were unspecified). She is status post decompressive surgery4-5 and has had conventional medical treatment. This IMR will address only the patient's psychological/psychiatric symptoms as this treatment request is not for medical treatment. The patient has been receiving unspecified quantity and duration of psychological treatment consisting of weekly group psychotherapy and "medical hypnosis/relaxation therapy." She has also been receiving psychiatric treatment and follow-up unknown quantity and duration and frequency. Total number of sessions provided to date was not specified. She has been diagnosed with the following psychological disorders: Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Insomnia; Psychological Factors Affecting (incomplete diagnosis taken from records). According to a progress report dated April 21, 2014 from her primary treating psychologist, patient "is sad and tearful and worried about her physical pain, financial limitations and emotional condition." She is noted to have "frequent crying spells and difficulty sleeping as well as difficulty remembering things and concentration. She reports difficulties in her marriage to the stress, physical pain, and anxious and depressive symptoms." Her mood was described "as depressed, tearful, emotional and anxious with fears the worst happening with regards to her physical condition." Treatment goals are stated as: "patient will decrease the frequency and intensity of depressive and anxious symptoms and improve duration and quality of sleep." Treatment progress to date was stated that "the patient has made some progress towards current treatment goals as evidenced by: some

improvement with managing emotional symptoms." Treatment plan consists of: "group psychotherapy one session per week to help patient cope with physical condition, levels of pain, and emotional symptoms for six weeks and relaxation training/hypnotherapy one session per week to help patient manage stress and levels of pain for six weeks." At least 12 prior treatment sessions have been authorized for group medical psychotherapy and medical hypnotherapy in February and April 2014, presumably given that the patient's date of injury was July 2011 additional sessions have been provided but no documentation of this was included for this IMR.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS and ODG guidelines are nonspecific for "group medical psychotherapy" however psychological treatment is discussed and is recommended "for appropriately identify patients during treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. The treatment protocol is further detailed stating that patients should be receiving an initial block of the treatment trial that consists of 3 to 4 sessions and that if the patient is making progress as defined as objective functional improvement additional sessions a maximum of 13-20 (ODG) can be offered. For this request, the number of sessions requested was not provided. Without a specific number of sessions being requested the assumption is that it is for unlimited treatment sessions. The provided documentation does not support unlimited group medical psychotherapy is being medically necessary. In addition, because the total number of prior sessions was not provided is not possible to determine if additional sessions would exceed the guidelines provided and stated above. Also, treatment progress notes that were provided from prior treatment sessions do not adequately address objective and measurable treatment goals that have a specific date of expected end date. The treatment goals that were mentioned do not meet the criteria of objective functional improvement. Continued treatment is contingent upon these factors and because they are not met the treatment is determined to be not medically necessary.