

Case Number:	CM14-0170727		
Date Assigned:	10/23/2014	Date of Injury:	05/11/2011
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/15/2014

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:

The claimant is a 33 year-old male [REDACTED] with a date of injury of 5/11/11. The claimant sustained injury to his left arm and hand when the skill saw that he was operating slipped and cut deeply into his left forearm. The claimant sustained this injury while working as a carpenter for [REDACTED]. In his "Physician's Supplemental Report of Occupational Injury" dated 9/15/14, [REDACTED] offered the following impressions: (1) Complex power to injury of left hand and wrist status post repair of median and ulnar nerve with multiple flexor tendons; (2) Posttraumatic stress disorder; and (3) Flexor tendinitis of the right. It is also reported that the claimant developed psychiatric symptoms as a result of the injury. In the "Doctor's First Report of Occupational Injury or Illness" dated 9/10/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Posttraumatic stress disorder - chronic; (3) Male hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to posttraumatic stress disorder and chronic pain; and (5) Stress-related physiological response affecting headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy/Relaxation Training 1x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, 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 and Stress Chapter Hypnosis Recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. (VA/DoD, 2004) (Brom, 1989) (Sherman, 199

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore; the Official Disability Guideline regarding the use of hypnotherapy in the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury since May 2011. He has also been experiencing psychiatric symptoms related to PTSD and depression. It appears that the claimant completed an initial evaluation with [REDACTED] in September 2014. In his "Doctor's Initial Report of Occupational Injury or Illness" dated 9/10/14, [REDACTED] recommended follow-up psychological services including individual and group psychotherapy, hypnotherapy sessions, and a psychiatric evaluation. The request under review is based on this recommendation. The ODG recommends the use of hypnotherapy in the treatment of PTSD and recommends that "the number of visits should be contained within the total number of psychotherapy visits." Regarding psychotherapy, the ODG suggests that there is to be an "initial trial of 6 visits over 6 weeks." Given this information, it can be assumed that the initial trial of hypnotherapy visits would also be 6 sessions. Utilizing this guideline, the request for an initial 12 hypnotherapy visits exceeds the initial trial of 6 visits set forth by the ODG. As a result, the request for "Hypnotherapy/Relaxation Training one times twelve is not medically necessary.

Individual Sessions 75-80 min 1x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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 and Stress Chapter Cognitive therapy for PTSD Recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual

Decision rationale: The CA MTUS does not address the treatment of PTSD therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury since May 2011. He has also been experiencing psychiatric symptoms related to PTSD and depression. It appears that the claimant completed an initial evaluation with [REDACTED] in September 2014. In his "Doctor's Initial Report of Occupational Injury or Illness" dated 9/10/14, [REDACTED] recommended follow-up psychological services

including individual and group psychotherapy, hypnotherapy sessions, and a psychiatric evaluation. The request under review is based on this recommendation. The ODG recommends an "initial trial of 6 visits over 6 weeks." Utilizing this guideline, the request for an initial 12 sessions exceeds the initial number of sessions set forth by the ODG. As a result, the request for "Individual Sessions 75-80 min one times twelve is not medically necessary.

Psychiatric Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guideline regarding the use of referrals will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury since May 2011. He has also been experiencing psychiatric symptoms related to PTSD and depression. It appears that the claimant completed an initial evaluation with [REDACTED] in September 2014. In his "Doctor's Initial Report of Occupational Injury or Illness" dated 9/10/14, [REDACTED] recommended follow-up psychological services including individual and group psychotherapy, hypnotherapy sessions, and a psychiatric evaluation. The request under review is based on this recommendation. The ACOEM suggests that a referral to a psychiatrist for medicine therapy may be necessary when a patient is suffering from a serious psychological condition. Given the claimant's symptoms of depression and PTSD, a psychiatric evaluation appears to be an appropriate referral. As a result, the request for a "Psychiatric Consultation" is medically necessary.

Cognitive Behavioral Group Psychotherapy 1x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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

Decision rationale: The CA MTUS does not address the use of group therapy therefore; the Official Disability Guideline regarding the use of group therapy in the treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since his injury since May 2011. He has also been experiencing psychiatric symptoms related to PTSD and depression. It appears that the claimant completed an initial evaluation with [REDACTED] in September 2014. In his "Doctor's Initial Report

of Occupational Injury or Illness" dated 9/10/14, [REDACTED] recommended follow-up psychological services including individual and group psychotherapy, hypnotherapy sessions, and a psychiatric evaluation. The request under review is based on this recommendation. The ODG recommends group therapy in the treatment of PTSD. It also discusses the use of other interventions and suggests an initial trial of 6 visits over 6 weeks. Given this guideline, the request for an initial 12 group therapy sessions exceeds the recommend number of sessions set forth by the ODG. As a result, the request for "Cognitive Behavioral Group Psychotherapy one times twelve is not medically necessary.