

Case Number:	CM14-0022949		
Date Assigned:	02/26/2014	Date of Injury:	04/25/2011
Decision Date:	06/26/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	02/24/2014

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 Board Certified in Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for psychological stress, anxiety, depression, elbow pain, and shoulder pain reportedly associated with an industrial injury of April 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of cognitive behavioral therapy and biofeedback training/relaxation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 24, 2014, the claims administrator denied a request for 12 sessions of cognitive behavioral therapy, denied a request for 12 sessions of hypnotherapy and relaxation therapy, and denied an office followup visit. The claims administrator's utilization review history summary was notable for comments that the applicant was using Prozac and trazodone. The applicant had apparently received six sessions of cognitive behavioral therapy and six sessions of relaxation/biofeedback treatment through an earlier Utilization Review Report of January 2, 2014, it was stated. On this occasion, the claims administrator cited MTUS Chronic Pain Medical Treatment Guidelines and ODG Guidelines in its decision but did not, however, incorporate either guideline into its rationale. The applicant's attorney subsequently appealed. A November 15, 2013 note was notable for comments that the applicant had gained 40 pounds. The applicant was having difficulty sleeping, lacked motivation and energy, and felt that she was unable to work. The applicant was asked to pursue 12 sessions of behavioral group psychotherapy and 12 sessions of relaxation therapy and hypnotherapy. The applicant was not working, it was reiterated. In a December 27, 2013 progress note, the applicant was described as worried, sad, experiencing persistent pain, and still having bouts of anxiety and fears. The applicant was described as unable to complete householding and parenting chores, it was stated, despite having completed earlier psychotherapy and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 105 TO 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: No, the request for 12 sessions of cognitive behavioral psychotherapy are not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does support introduction of cognitive therapy to help alter an applicant's perception of stress and/or alter an applicant's response to stress, in this case, however, the applicant had unspecified amounts of cognitive behavioral therapy, both group and individual, over the life the claim. There has been no clear demonstration of functional improvement as defined in MTUS 9792.20f which would support further treatment here. The applicant has failed to return to work. The applicant still has complaints of anxiety, depression, insomnia, etc. The applicant is unable to complete household chores. As noted on page 405 of the MTUS-adopted ACOEM Guidelines in Chapter 15, an applicant's failure to improve may be due to an incorrect diagnosis or unrecognized psychological condition. In this case, the applicant has clearly failed to improve with earlier cognitive behavioral therapy, both individual and group, over the course of the claim. Therefore, the request for additional cognitive behavioral group therapy is not medically necessary.

MEDICAL HYPNOTHERAPY/RELAXATION THERAPY X12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 105 TO 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400.

Decision rationale: The request for medical hypnotherapy and relaxation therapy is likewise not medically necessary, medically appropriate, or indicated here. While the MTUS-adopted ACOEM Guidelines in Chapter 15, pages 399-400 do note that relaxation techniques, including hypnosis, can be helpful for applicants in chronically stressful conditions and can be employed to try and teach an applicant to change his or her response to stressors, in this case, however, it appears that the applicant has already had these relaxation techniques and treatments through psychotherapy, both individual and group. The applicant has failed to respond favorably to same in terms of the functional improvement measures established in MTUS 9792.20f. The applicant still remains highly reliant and highly dependent on various forms of psychological/psychiatric

treatment. The applicant remains off of work. The applicant remains reliant on psychotropic medications. Therefore, the request for additional psychotherapy treatment, including the hypnotherapy and relaxation therapy modalities proposed here are not medically necessary.

FOLLOW UP OFFICE VISIT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 105 TO 127

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

Decision rationale: Finally, the proposed followup visit is medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of followup visit should be dictated by an applicant's work status. In this case, the applicant is off of work. The applicant is using psychotropic medications. The applicant should follow up with the prescribing provider so as to re-evaluate the applicant's psychotropic medication profile and as well as the applicant's work status. Therefore, the request is medically necessary.