

Case Number:	CM14-0023207		
Date Assigned:	05/14/2014	Date of Injury:	03/16/2011
Decision Date:	10/23/2014	UR Denial Date:	02/11/2014
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 Clinical 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 medical records reveal that this 49-year-old male patient reported an occupational injury that occurred on March 16, 2011. The injury occurred when a large metal spool weighing 1800 pounds hit his right leg, knocked him down, and resulted in a fracture of his right femur. He was taken to the hospital where open reduction and internal fixation was done. He reports neck pain, upper back and bilateral shoulder pain, numbness and tingling in his ring and little fingers bilaterally, lower back pain, right hip, leg, and knee pain, and left foot pain. He is status post arthroscopic surgery on the right knee, and had some hardware/metal removed in 2014, he is still undergoing medical treatment but the course of is currently some degree of discussion/debate. He has been actively engaging in physical therapy for over 120 sessions. The remainder of this IMR will focus solely on his psychological and psychiatric symptomology as they pertain to the requested treatments. He has been diagnosed with the following psychological disorders: Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Male Hypoactive Sexual Desire Disorder; Insomnia. In September 2014 the patient reported that he has difficulty with concentrating and thinking because of his pain and has moderate depression/anxiety because of the pain and injury and limitations in most activities of daily living. He has participated in psychological treatment consisting of cognitive behavioral group psychotherapy and relaxation training/therapy. He is been participating in psychiatric and psychological treatment at least since March 2013 but possibly longer. A progress note from June 2014 mentions: "improvement in his emotional condition with treatment" and persisting pain which interferes with his activities of daily living and sleep. That he "lacks energy, is easily fatigued, he feels frustrated by physical limitations/pain, sad, discouraged, nervous, tense, and stressed. That he worries about his future and physical condition and limitations and ability to work and support himself and his family." His mood is described as: "sad and anxious with poor concentration." Therapy treatment goals

are listed as: patient will decrease the frequency and intensity of depressive and anxious symptoms, increase duration and quality of sleep, develop and implement appropriate stress management skills, and develop rational thoughts about levels of pain and stress. No expected date of completion for these goals was provided and they are either missing entirely or repeated from month to month without little change. Some progress from prior treatment was noted: "patient reports improved mood, social functioning, and levels of isolation with treatment." Similar progress notes were found that date back to January 2013 and seems to indicate that at treatment had already been ongoing for a while. The duration of treatment and total number of sessions that provided to date was not indicated nor was documentation reflecting objective functional improvements. A request for three treatment modalities was made: "additional cognitive behavioral group psychotherapy 1x 12 visits; relaxation training/therapy 1 x 12; and follow-up with psychology" all three requests were non-certified. The utilization review rationale for non-certification was no indication of significant for sustained gains with previous treatment and no documentation of clinical rationale for follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy (1x12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 Guidelines, June 2014 update.

Decision rationale: The MTUS/ODG treatment guidelines for cognitive behavioral therapy suggest that after an initial treatment trial consisting of "up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made (The provider should evaluate symptom improvement during the process of treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In this case, the total number of treatment sessions has not been provided. There is no evidence of symptom improvement being evaluated during the process to determine if treatment patient progress. It appears that the patient has had perhaps already at least been participating in treatment dating back from January 2013 through August 2014 with an unknown frequency. In one note treatment frequency was listed as "1-2 a week." This suggests that the total maximum recommended number of sessions has most likely been already provided. And that surely an additional 12 would bring the total beyond 20. Objective functional improvements have not been adequately documented. Therefore, the requested treatment is not determined to be medically necessary.

Relaxation training/hypnotherapy (1x12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Stress Related Conditions, page 1062-1067.

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/Stress Chapter: topic Hypnosis June 2014, update.

Decision rationale: MTUS guidelines are non-specific for "Medical Hypnotherapy/relaxation treatment" but the Official Disability Guidelines (ODG) do state that hypnosis is a recommended procedure for PTSD and that the number of sessions should be contained within the total number of psychotherapy visits. The above discussion of group medical psychotherapy is relevant here as well and the recommend guidelines of 13-20 sessions would also apply. The patient has been receiving psychological treatment since at least January 2013-August 2014 and most likely for even longer. Total prior treatment duration and session quantity is not provided but exceeds maximum recommended number of sessions. This patient has not been diagnosed with PTSD. The ACOEM chapter on stress-related conditions describes the use of relaxation techniques such as meditation, biofeedback, and autogenic training as helpful for chronically stressed populations. The provided treatment records do not contain a single reference to the outcome of prior "medical hypnotherapy/relaxation treatments. Expected discussions regarding achieved level of stress reduction, before/after measures of psychological reactivity (e.g. objective biometric measures and subjective reports) as well as the patient's ability to engage reproduce the effect at home independently, and progress towards independent use of the relaxation techniques was not documented. Continued authorization of treatment is contingent on documented objective functional improvements. There was no evidence of these, nor was there 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 and were general/non-specific. Therefore the medical necessity of this treatment has not been established and the request to overturn the original Ur non-certification is not approved.

Follow-up with psychology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Stress Related Conditions, page 1068.

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

Decision rationale: CA-MTUS guidelines state that "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... Generally, patients with stress related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns... Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) for at least once a week if the patient is missing work. There was no stated rationale

for the requested procedure provided. There is no specification of the quantity of follow-up visits being requested, there was no indication of who would be providing the dialogue visits (whether it would be his primary treating psychologist or a mid-level practitioner as mentioned in the guidelines), there was no indication of how many prior follow-up visits the patient has had already, there was no indication of the frequency or duration of the requested treatment and no documented objective functional improvements from prior follow-up. The medical necessity of this request has not been established and the original utilization review decision is upheld.