

Case Number:	CM14-0023231		
Date Assigned:	05/14/2014	Date of Injury:	04/24/2012
Decision Date:	07/10/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/21/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and pain management 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 medical review, this patient is a 58 year old male patient who reported an industrial/occupational related injury on April 24th 2012. The injury is described as a cumulative trauma injury sustained secondary to his job duties as a correctional officer. He has orthopedic complaints involving his right elbow, bilateral thumbs, and low back-lumbar spine area. He reports symptoms of anxiety, weight gain, high blood pressure, upset stomach, sleep and sexual difficulty. The patient has been diagnosed with Depressive Disorder, and Anxiety Disorder. There are notes that the patient is under stress also due to stuttering resulting in differential treatment from his colleagues. Requests for medical hypnotherapy relaxation treatment ongoing and medical psychotherapy ongoing were made, and non-certified. This independent medical review will address a request to overturn these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY/RELAXATION TREATMENT (ONGOING): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 102-127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter hypnotherapy.

Decision rationale: The quantity of sessions being requested is unclear based on the documentation provided. In some places the request states that the provider is seeking ongoing unspecified quantity of sessions and in other places it lists quantity as being one (1) session. It is not possible to certify ongoing treatment without the exact and specific number of sessions being requested. In addition, the medical records provided consist of approximately 64 pages there's no current documentation regarding this patient's current psychological status. The UR decision to non-certify this treatment request was based on insufficient documentation which lacks specificity. No information regarding prior treatment session number or outcome (in terms of objective functional improvements). The patient's psychological issues that are to be addressed in this treatment request, were it to be authorized are also not specified. There are mentions of his treatment with [REDACTED] a psychiatrist and that changes in his medication have including discontinuing of Buspar; however there are very few other treatment reports provided. There were medical notes provided regarding his heart and urological conditions, however these do not relate to the current request. The MTUS is non-specific regarding Medical Hypnotherapy, however the ODG (June 2014 update) states that it is effective and recommend for patients with PTSD and IBS. This patient does not appear to have a diagnosis of either of these. The use of hypnotherapy in the treatment of chronic pain is not addressed within the hypnosis topic. Because progress notes in this case were not provided with regards to prior treatment specifically the number of sessions provided to date and any current progress is made in those sessions, and what those sessions consisted of it is not possible to overturn the decision to deny treatment. This is not to say that the patient does, or does not, require psychological treatment at this time: only that insufficient information was provided to make a decision other than to support the original non-certification. Therefore the request is not medically necessary.

GROUP MEDICAL PSYCHOTHERAPY (ONGOING): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 102-127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress chapter, Topic Group therapy.

Decision rationale: As mentioned above, the quantity of sessions being requested is unclear based on the documentation provided. In some places the request states that the provider is seeking ongoing unspecified quantity of sessions and in other places it lists quantity as being one (1) session. It is not possible to certify ongoing treatment without the exact and specific number of sessions being requested. In addition, the medical records provided consist of approximately 64 pages there's no current documentation regarding this patient's current psychological status. The UR decision to non-certify this treatment request was based on insufficient documentation which lacks specificity. No information regarding prior treatment session number or outcome (in terms of objective functional improvements). The patient's psychological issues that are to be addressed in this treatment request, were it to be authorized are also not specified. There are mentions of his treatment with [REDACTED] a psychiatrist and that changes in his medication have including discontinuing of Buspar; however there are very few other treatment reports provided. There were medical notes provided regarding his heart and urological conditions, however these

do not relate to the current request. The MTUS is non-specific regarding Group Medical Psychotherapy, however the ODG (June 2014 update) states that Group therapy is recommend for patients with PTSD. This patient does not appear to have a PTSD diagnosis based on the information provided. Also because progress notes in this case were not provided with regards to prior treatment specifically the number of sessions provided to date and any current progress is made in those sessions, and what those sessions consisted of it is not possible to overturn the decision to deny treatment. This is not to say that the patient does, or does not, require psychological treatment at this time: only that insufficient information was provided to make a decision other than to support the original non-certification. Therefore the request is not medically necessary.