MAXIMUS Federal Services

Case Number:	CM14-0025488		
Date Assigned:	08/06/2014	Date of Injury:	09/08/2011
Decision Date:	09/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 review, this patient is a 51-year-old female who reported an industrial/occupational injury on September 8, 2011. The injury allegedly occurred during her work as a medical biller, where her responsibilities included reviewing accounts, calling insurance companies, and updating notes. She noted that she worked on uneven floor and that her chair would break periodically. On multiple occasions they changed the chair and sometimes moved her desk, but it did not help. She noticed in 2011 that her feet were swollen, and she became increasingly tired and complained of physical pain in her lumbar spine. She continued to work a few more months but then was taken off work. She is status post surgical lumbar stabilization with hardware from January 2013. The patient has been diagnosed with Major Depressive Disorder; Generalized Anxiety Disorder; Insomnia; and Female Hypoactive Sexual Desire disorder. Psychological symptoms that have been noted in treatment reports include that the patient feels sad, helpless, hopeless, irritable, socially isolated, and she has poor energy, weight changes, decreased libido, pessimism, interpersonal conflict, and numerous other depressive and anxious symptoms. The treatment plan was for cognitive behavioral therapy and relaxation training to decrease the frequency and intensity of depressive and anxious symptoms. A comprehensive psychological evaluation was conducted in April 2014. There is another industrial injury in 2005, unspecified, and psychological treatment was provided a few months, including relaxation training for that injury as well. She began psychological treatment with her treating psychologist in December 2013 and participated in group therapy with 7 to 10 people in the group; six sessions had taken place, and another six were authorized. The reason for the treatment was for depression and stress due to her physical pain and the need for surgery. The result of the April 2014 psychological assessment was a diagnosis of major depressive disorder, recurrent, moderately severe, and chronic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy, once a week x 12 weeks,: 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 Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, psychotherapy guidelines, cognitive behavioral therapy for depression, June 2014 update.

Decision rationale: After a careful and comprehensive review of the medical records as they were provided, it appears that the patient has had approximately 12 sessions of cognitive behavioral therapy to date. The initial psychological evaluation, conducted by her primary treating psychologist, recommends 12 sessions of cognitive behavioral therapy and that, upon completion, the patient be reassessed for continued treatment. I was unable to find any update that reflected the patient's progress from her initial course of treatment. According to the Official Disability Guidelines, June 2012 update, patients may have up to a maximum of 13-20 sessions of treatment if progress is being made. Within the approximately 315 pages of medical files, no indication could be found of the patient having made objective functional improvement based on the initial course psychological treatment. Functional improvement is defined as either a clinically significant improvement in activities of daily living, or a reduction in work restrictions as discovered during the history and physical exam, and a reduction in the dependency on continued medical treatment. These criteria were not met, according to documentation submitted. The patient appears to have had prior treatment episodes in 2005 with the same treating therapist for a different condition; presumably, it is the same treatment modality. She has had a prior course of treatment, and in the current treatment episode she is already at 12 sessions with no documented objective functional improvements. Because she has had already a minimum of 12 sessions, this request for 12 more would put her total over the maximum amount allowed of 20 by bringing her total of sessions to 24. While the injured worker may or may not need additional treatment, there is not enough evidence to warrant it based on the information provided, especially as it would exceed the maximum amount recommended by guidelines. Therefore, this requested treatment is not medically necessary or appropriate.

Relaxation and hypnotherapy, once a week x 12 weeks,: Upheld

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

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, topic: hypnosis, June 2014 update.

Decision rationale: According to the Official Disability Guidelines chapter on mental illness and stress, hypnosis can be used in certain circumstances with patients and that the total number of sessions provided should be the same as the total number of psychotherapy sessions. This would indicate that she should have up to 13 to 20 visits maximum if progress is being made. There was no mention of the use of this treatment or the outcome from it in the notes submitted. It is unclear whether or not she has had this treatment modality along with her other previous psychological treatment. No progress notes from her psychological treatments were provided for review, and it is therefore unclear who is conducting the treatment. This is particularly relevant with hypnosis, where the person providing the treatment must be qualified specifically to use hypnotic therapy.. The finding of this independent medical review is that the requested treatment is not medically necessary based on insufficient documentation regarding the nature, number, and efficacy of prior treatments.