

Case Number:	CM14-0026222		
Date Assigned:	06/23/2014	Date of Injury:	03/13/2013
Decision Date:	08/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Psychiatry 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 made available for review, this is a 46-year-old female with a 3/13/13 date of injury. At the time (2/11/14) of the request for authorization for cognitive behavioral psychotherapy, 6 sessions, hypnotherapy/relaxation sessions one time per week, and office visits for psych treatments, there is documentation of subjective (persisting pain and sleep difficulties, some improvement in her mood and level of motivation, tends to socially isolated from others, feels sad and emotional, tired due to pain, helpless and frustrated due to her physical condition and limitations, anxious and tense, and angry and irritable) and objective (sad and anxious, preoccupied about physical condition, and irritable) findings. The current diagnoses are major depressive disorder single episode, generalized anxiety disorder, and insomnia. The treatment to date includes group therapy (with improved mood and levels of motivation) and medications (antidepressants). The number of previous psychotherapy sessions cannot be determined. Regarding Hypnotherapy/Relaxation sessions one time per week, there is no documentation of Post-traumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy, 6 sessions: 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 Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder single episode, generalized anxiety disorder, and insomnia. In addition, there is documentation of previous psychotherapy. Furthermore, given documentation of improved mood and levels of motivation with previous group psychotherapy, there is documentation of objective functional improvement. However, the number of previous group psychotherapy sessions cannot be determined. Therefore, based on guidelines and a review of the evidence, the request for Cognitive behavioral psychotherapy, 6 sessions is not medically necessary.

Hypnotherapy/Relaxation sessions one time per week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1062-1067.

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, Hypnosis.

Decision rationale: MTUS does not address this issue. Official Disability Guidelines identifies documentation of Post-traumatic stress disorder and associated symptoms (such as pain, anxiety, dissociation, or nightmares), as criteria necessary to support the medical necessity of hypnosis. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder single episode, generalized anxiety disorder, and insomnia. However, there is no documentation of Post-traumatic stress disorder. Therefore, based on guidelines and a review of the evidence, the request for Hypnotherapy/Relaxation sessions one time per week is not medically necessary.

Office Visits for Psych Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Official Disability Guidelines identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment.

Within the medical information available for review, there is documentation of diagnoses of major depressive disorder single episode, generalized anxiety disorder, and insomnia. In addition, there is documentation of a plan for psychiatric treatment. However, given documentation of the requested Office Visits for Psych Treatments, there is no (clear) documentation of the number of office visits requested. Therefore, based on guidelines and a review of the evidence, the request for Office Visits for Psych Treatments is not medically necessary.