

Case Number:	CM14-0028185		
Date Assigned:	06/13/2014	Date of Injury:	01/12/2013
Decision Date:	07/25/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/05/2014

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:

Based on the record submitted for this independent medical review, this patient is a 37 years 11 month old male who reported an industrial/occupational work-related injury on January 12, 2013. The nature and causation of his injury was not included the records provided. He reports right hand and right leg pain. The patient has the following psychiatric diagnoses: Depressive Disorder, Post traumatic Stress Disorder, and Insomnia. Medical records state the patient has anxiety, worry, apprehension and anxious mood, hopelessness, decreased energy, and is preoccupied with his physical condition. Three requests for treatment modalities was made and each was non-certified without modification. This independent medical review will address each request separately.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for follow-up evaluations with a psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions: Psychological Evaluations Page(s): 100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Evaluation and Management outpatient office visits.

Decision rationale: A request for follow-up evaluations with a psychologist was made and non-certified. This request is unclear: there is not a specific number of evaluations being requested. Also, psychological evaluations result in often lengthy diagnostic reports based on several hours of interviews and administration of assessment instruments. I have to assume that this request is actually for an office visit follow up rather than plural psychological evaluations as stated, however this also is unclear. If the request is actually for E&M (evaluation and management) by a psychologist, then that would be something typically contained within the psychotherapy (CBT or psychotherapy) session and not as a separate meeting. According to the Official Disability Guidelines E & M can provide an important and critical role in the diagnosis of return to function of an individual worker and should be encouraged; however in this case, the patient has already been diagnosed. Either way, authorization cannot be considered without specifying the number requested and because an Independent Medical Review is not able to offer modification none can be offered. Also, in general the medical records provide insufficient documentation to support this request is being medically necessary. Therefore, the request for follow-up evaluations with a psychologist is not medically necessary.

The request for additional continued group medical psychotherapy #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG cognitive behavioral therapy guidelines.

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 psychotherapy guidelines, cognitive behavioral therapy, June 2014 update.

Decision rationale: The MTUS and ODG are silent regarding group medical psychotherapy. The closest guideline would be for the general psychotherapy guidelines and cognitive behavioral therapy. With regards to 12 additional sessions of group medical psychotherapy for Depressive Disorder PTSD, and insomnia, it is unclear how many sessions the patient has had already and it is also unclear what if any functional improvements have been derived from them. Documentation is insufficient for both of these issues. I have carefully reviewed all the medical records have been provided, they consisted of approximately 50 pages, however the vast majority of these are utilization review notes and requests; there was very little other than a few difficult to read handwritten notes and they do not provide sufficient support for continued psychotherapy. This is not to say that the patient does, or does not, need continued therapy: only that documentation insufficient to support it. In addition, there was a note stating that the patient is unable to attend group therapy due to his work schedule. According to the ODG 13 to 20 sessions may be offered for patients who are making sufficient progress. There is one note stating that he has been authorized for 10 sessions, but it is unclear if that includes all of the sessions to date and what the outcome was in terms of functional improvements. Authorization of 12 additional sessions would put him at 22 which would exceed the maximum assuming that he is only had 10. Therefore, the request for additional continued group medical psychotherapy #12 is not medically necessary.

The request for continued medical hypnotherapy/relaxation training #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

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 hypnosis.

Decision rationale: With regards to Medical hypnotherapy / relaxation training the MTUS is silent with regards to this treatment modality, however the official disability guideline does address the issue and states that for hypnosis it can be recommended as an option in particular with patients who have PTSD, which this patient has been diagnosed with (although there is no supporting documentation other than the statement of the diagnosis. The number of sessions that can be offered should be contained within the total number of psychotherapy visits. As was mentioned above, it is not possible to authorize more sessions because the total number of sessions has not been provided and documentation with regards to outcomes regarding prior visits is insufficient. There is mention of his having 4 sessions but again it is unclear if this is all he had or just a portion of a larger treatment program. Therefore the request for continued medical hypnotherapy/relaxation training #12 is not medically necessary.