

Case Number:	CM14-0039197		
Date Assigned:	06/27/2014	Date of Injury:	05/11/2012
Decision Date:	08/13/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 Occupational Medicine 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 claimant was injured on 05/11/12. Cognitive behavioral group psychotherapy sessions 6 and relaxation training sessions 6 are under review. The claimant reported mistreatment/harassment by her boss. She became nervous, anxious, and depressed with sleep difficulties and flashbacks. She was diagnosed with depressive disorder, PTSD and primary insomnia. She reported poor concentration and crying spells. She has reportedly been in treatment with some improvement. The previous course of treatment is not described including dates and number of visits. She saw [REDACTED] on 10/04/13 and reported intermittent neck and upper back pain. Her low back pain was constant and her right shoulder hurt at night. She had an occasional mild ache in the right leg, loss of sleep and anxiety attacks. Acupuncture was recommended. Psych evaluation was recommended for anxiety. She reported being pressured and harassed at work. She was fearful and nervous about starting her workday. On 10/16/13, [REDACTED] recommended cognitive behavioral group psychotherapy for 12 weeks. Hypnotherapy/relaxation therapy for 8 weeks also was recommended. On 10/17/13, she was treated for neck, low back, and right shoulder sprains. PT, MRI of the cervical and lumbar spines and right shoulder, an orthopedic evaluation, and psychiatric evaluations were recommended. She saw [REDACTED] again on 11/14/13 and had similar symptoms. The same requests were made. On 12/02/13, she underwent a psychological evaluation. She reported improved ability to relax with group psychotherapy. She still was anxious and depressed with crying spells and apprehension. Additional mental health services were recommended. She had made some progress toward treatment goals. 6 additional cognitive behavioral group psychotherapy and relaxation training sessions were recommended. The number of visits already completed was not stated. She saw [REDACTED] for pain on 12/04/13. She reported receiving PT, chiropractic and acupuncture with some improvement in her symptoms. There was no mention of any psychological issues. She

saw [REDACTED] on 12/17/13. She reported having no medical treatment. She had sustained a cumulative trauma injury. She was not taking any medication. There is no mention of significant anxiety or depression. On 01/21/14, she saw [REDACTED] and reported anxiety attacks and was sleeping better but still had some difficulty due to pain. A psychiatric evaluation was recommended for anxiety. [REDACTED] reviewed [REDACTED]' notes which only indicated what he was recommending as treatment. She saw [REDACTED] on 01/27/14 and still had persisting pain and demotivation and lacked energy. She had crying spells, anxiety, and sadness. She reported improved mood and additional treatment was recommended. She saw [REDACTED] on 03/05/14 for low back pain radiating to the lower extremities. There is no mention of psychological complaints. On 03/10/14, she saw [REDACTED]. She was less tense and irritable but still was worried, sad, and frustrated. She was feeling increasingly motivated. Her mood had improved. Additional treatment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior group psychotherapy sessions 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 133. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy.

Decision rationale: The history and documentation do not objectively support the request for cognitive behavioral group psychotherapy sessions 1 x 6 (additional). The MTUS state regarding cognitive behavioral therapy, "psychological treatment may be recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." The ODG state

"ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." In this case, it appears that the claimant has attended cognitive behavioral therapy for an unknown duration, frequency, and number of visits but the specifics of measurable or objective improvement have not been stated. There is brief mention of improvement in mood but this information is inadequate to support continuation of treatment sessions. The medical necessity of this request has not been clearly demonstrated.

Relaxation training sessions 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 55. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Mind/Body Interventions.

Decision rationale: The history and documentation do not objectively support the request for Relaxation training sessions 1x6. The MTUS do not specifically address relaxation training other than to say that it is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The ODG recommend mind/body interventions for stress relief and state they are recommended. Mind/body intervention programs have been shown to reduce perceived stress and anxiety. One clinical trial on college students tested the effect of a mind/body intervention (consisting of 6 90-minute group-training sessions in relaxation response and cognitive behavioral skills) to reduce stress and found that significantly greater reductions in psychological distress, anxiety, and perceived stress were found in the experimental group. In this case, it appears that the claimant has attended a number of relaxation visits but for an unknown duration, frequency, and number of visits and the specifics of measurable or objective improvement have not been stated. There is brief mention of improvement in mood but this information is inadequate to support continuation of treatment sessions. The medical necessity of this request has not been clearly demonstrated.