

Case Number:	CM14-0039737		
Date Assigned:	06/27/2014	Date of Injury:	10/01/2004
Decision Date:	07/28/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

The patient is a 37 year-old male () with a date of injury of 10/1/04. The patient sustained injury to his back when he lifted a 180 pound water hydrant with assistance and felt a stabbing pain in his back. The patient sustained this injury while working as a Foreman for . In his PR-2 report dated 3/6/14, diagnosed the patient with: (1) Lumbar disc disease; (2) Duodentis/GERD; (3) Hypertension; and (4) Hypogonadism. Additionally, the PR-2 report dated 5/1/14, diagnosed the patient with: (1) Lumbar strain/sprain; (2) Radiculopathy of lower ext/thoracic/lumbosacral, unspecified; and (3) Lumbar displacement, herniation, protrusion, rupture. The patient has been treated via medications and pain management. Surgery has been recommended, but the patient had chosen not to move forward with the recommendation. It is also reported that the patient developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a recent RFA dated 4/25/14, the physician diagnosed the patient with: (1) Generalized anxiety disorder; (2) Pain disorder associated with both psychological factors and a general medical condition; and (3) Male hypoactive sexual desire disorder. Additionally, in a "Psychiatric Agreed Medical Examination" dated 10/13/13, diagnosed the patient with: (1) Mood disorder NOS; (2) Pain disorder; (3) Intermittent insomnia (mild, due to pain); and (4) Opioid dependence. The patient has been treated via individual and group psychotherapy as well as with psychiatric medication management. It is the patient's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 12 weekly cognitive behavioral group psychotherapy sessions:
Upheld

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

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

Decision rationale: The CA MTUS does not address the treatment of depression nor anxiety therefore the Official Disability Guideline regarding the use of cognitive therapy for the treatment of depression and the American Psychiatric Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the patient has received a substantial amount of psychotherapy services since 2007. It appears that the patient began services with [REDACTED] in August 2007 and terminated services in February 2013. He completed over 72 sessions in that time frame. Following his termination of services with [REDACTED], the patient began services with [REDACTED] and has completed at least 28 group therapy sessions as well as a number of individual sessions. He has also participated in relaxation/hypnosis sessions. The documentation submitted for review presents continued symptoms with minimal progress from the services. The treatment plan on all of the PR-2 reports continues to remain the same and there doesn't seem to have been any change in treatment plan goals and/or interventions given the lack of consistent progress/improvement. In fact, in [REDACTED] Psychiatric Agreed Medical Examination date 10/10/13, [REDACTED] indicated that the patient was maximally medically improved and that "no more psychotherapy is needed at this point." Although the patient may require some additional sessions for maintenance, the request for an additional 12 psychotherapy sessions appears excessive. As a result, the request for "12 weekly cognitive behavioral group psychotherapy sessions" is not medically necessary. It is noted that the patient did receive a modified authorization for an additional 4 psychotherapy sessions in response to this request.

Prospective request for 12 weekly medical hypnotherapy/relaxation training sessions.:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines - Hypnotherapy Guidelines. Pain (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non MTUS Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

Decision rationale: Based on the review of the medical records, the patient has received a substantial amount of psychotherapy services since 2007. It appears that the patient began services with [REDACTED] in August 2007 and terminated services in February 2013. He completed over 72 sessions in that time frame. Following his termination of services with [REDACTED], the patient began services with [REDACTED] and has completed at least 28 group therapy sessions as well as a number of individual sessions. He has also participated in relaxation/hypnosis sessions. The documentation submitted for review presents continued symptoms with minimal progress from the services. The treatment plan on all of the PR-2 reports

continues to remain the same and there doesn't seem to have been any change in treatment plan goals and/or interventions given the lack of consistent progress/improvement. In fact, in [REDACTED] [REDACTED] Psychiatric Agreed Medical Examination date 10/10/13, [REDACTED] indicated that the claimant was maximally medically improved and that "no more psychotherapy is needed at this point." Although the patient may require some additional relaxation/hypnotherapy sessions for maintenance, the request for an additional 12 relaxation/hypnotherapy sessions appears excessive. As a result, the request for "12 weekly medical hypnotherapy/relaxation training sessions" is not medically necessary. It is noted that the patient did receive a modified authorization for an additional 4 relaxation/hypnotherapy sessions in response to this request.