

Case Number:	CM14-0040726		
Date Assigned:	06/27/2014	Date of Injury:	04/20/2012
Decision Date:	09/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 Texas. 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 injured worker is a 30 year old female who reported injury on 04/20/2012 due to a fall. Her past treatments included medications, physical therapy, and acupuncture. The injured worker underwent a psychological assessment on 12/03/2013 and she was noted to have symptoms of anxiety and depression secondary to her pain and physical limitations. The objective findings included memory difficulties, poor concentration, an anxious and sad mood, nervousness, and bodily tension and apprehension. She was diagnosed with major depressive disorder, generalized anxiety disorder; female hypoactive sexual desire disorder due to chronic pain; insomnia related to generalized anxiety disorder and chronic pain; pain disorder associated with both psychological factors and a general medical condition; and stress-related physiological response affecting general medical condition. The treatment recommendations were made for cognitive behavioral therapy, weekly for 12 weeks, to address her psychological components, as well as hypnotherapy and relaxation training to allow the injured worker to better cope with her chronic pain and physical limitations. Additionally, it was noted that the injured worker should have a psychiatric consultation to consider the use of psychotropic medications, as well as psychiatric treatment on a monthly basis for 6-8 months. However, the rationale for the recommended psychiatric treatment was not specified. The Request for Authorization form was submitted on 12/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request: Twelve (12) Cognitive Behavioral Therapy 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 (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain.

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 & Stress, Cognitive therapy for depression.

Decision rationale: The prospective request for twelve cognitive behavioral therapy sessions is not medically necessary. The injured worker had a psychological assessment on 12/03/2013 and was diagnosed with major depressive disorder, generalized anxiety disorder; female hypoactive sexual desire disorder due to chronic pain; insomnia related to generalized anxiety disorder and chronic pain; pain disorder associated with both psychological factors and a general medical condition; and stress-related physiological response affecting general medical condition. The treatment recommendations included cognitive behavioral therapy, weekly for 12 weeks, to address her psychological components, and hypnotherapy and relaxation training to allow the injured worker to better cope with her chronic pain and physical limitations. The Official Disability Guidelines state that up to 13-20 visits of cognitive behavioral therapy may be supported in the treatment of depression, if progress is being made. The ODG specify that studies show that a 4 to 6 session trial should be sufficient to provide evidence of improvement prior to continuing with treatment. Therefore, while an initial trial of cognitive behavioral therapy would be appropriate in the treatment of the injured worker's depression and anxiety, the request for 12 sessions exceeds the guidelines' recommendation for an initial trial of 4-6 sessions. As such, the request is not medically necessary.

Prospective Request for Eight (8) monthly Psychological Treatments: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Psychotherapy Guidelines Official Disability Guidelines (ODG); Mental Illness/Stress (Acute and Chronic).

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 & Stress, Office visits.

Decision rationale: The Official Disability Guidelines state that the need for clinical office visits is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The guidelines state that the need for office visits is also based on what medications the patient is taking, since some medicines, require close monitoring. Following her psychological evaluation, it was recommended that the injured worker have a psychiatric consultation to consider the use of psychotropic medications, as well as psychiatric treatment on a monthly basis for 6-8 months. However, as the documentation submitted for review failed to indicate that the injured worker had undergone the recommended psychiatric consultation and had been prescribed psychotropic medications, the need for ongoing

psychiatric treatment cannot be established. In addition, the request, as submitted, is for 8 monthly psychological treatments, which conflicts with the clinical treatment plan which stated that psychiatric treatment was recommended and represents duplicative treatment as cognitive behavioral therapy was also requested. Based on this conflicting information, clarification is needed regarding the requested psychological treatment. As such, the request is not medically necessary.

Prospective Request: Twelve (12) weekly Relaxation Training and Hypnotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Mental Illness/Stress (Acute and Chronic).

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 & Stress, Mind/body interventions (for stress relief) & Hypnosis.

Decision rationale: The Official Disability guidelines state hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares. Additionally, the guidelines state mind/body intervention therapies have been shown to reduce perceived stress and anxiety. Following her psychological evaluation, hypnotherapy and relaxation training were recommended, in addition to cognitive behavioral therapy, to allow the injured worker to better cope with her chronic pain and physical limitations. However, as the guidelines only support use of hypnotherapy in the treatment of PTSD, it is not supported as the injured worker does not have symptoms specifically related to PTSD. The guidelines do support some mind/body interventions as these have been shown to reduce stress and anxiety, a trial of relaxation training would be appropriate. However, the request for 12 sessions would not allow for an appropriate initial trial to evaluate for benefit prior to continuing with the treatment. Therefore, in the absence of a diagnosis of PTSD, the request for hypnotherapy is not supported, and due to the excessive number of relaxation training sessions requested, this request is also not supported. As such, the request for treatment is not medically necessary.