

Case Number:	CM14-0060289		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2011
Decision Date:	08/08/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/01/2014

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:

Based on the records provided for this independent medical review, this patient is a 61 year old female who reported an industrial/occupational work-related injury on August 4, 2011. The injury was a cumulative trauma injury that occurred as a result of her work as an agricultural field aid. She reports continued shoulder pain and has had several surgical interventions and is considering and other one. She has been diagnosed with major depressive disorder, single episode; generalized anxiety disorder; female hypoactive sexual desire disorder; and insomnia. Requests for group medical psychotherapy/cognitive behavioral group psychotherapy x12; and medical hypnotherapy/relaxation training x12; and psychological sessions (unspecified quantity) was made and each treatment modality was non-certified. This independent medical review will address a request to overturn each decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy/cognitive behavioral group psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, cognitive behavioral therapy 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/Stress Chapter, Psychotherapy guidelines June 2014 update.

Decision rationale: Treatment progress note from January 2014 notes that the patient has been finding treatment helpful and that it is improving her mood and sleep, that she feels more hopeful and less singularly focused on her physical conditions. There's also a note that she is reporting less frequent and less intense symptoms with her group psychotherapy and medication. She notes that prior sessions have helped her to feel less socially isolated. She remains sad and anxious and has fatigue and poor energy but is more hopeful about her life in general. According to the ODG treatment guidelines for chronic pain, a patient may have up to a maximum of 13 to 20 sessions. It is very difficult in this case to overturn the non-certification because the treatment provider does not report the total number of sessions and if been provided to date. However based on my reading of the medical record it appears likely that she has not yet reached the maximum number of 20 sessions. In addition there is adequate, but barely so, progress notes reflecting improvement from prior treatments. The utilization review rationale for non-certification was that the records provided were not current, they were reasonably current, however more recent documentation would have been preferred. The request is medically necessary, with the understanding that it is very likely that this would bring her total number of sessions to the maximum allowed amount or nearly so.

Medical hypnotherapy/relaxation training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC, mental illness & stress.

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: A progress note mentions that the patient is having finding that the relaxation exercises are helpful in decreasing her level of nervousness that she is still worrying about the future and her physical condition. However, with regards to Medical hypnotherapy the MTUS is silent but the official disability guidelines does address the issue and states that for hypnosis it can be recommended as an option in particular with patients who have PTSD, which does not apply for this patient. If hypnosis/relaxation were offered the number of sessions that can be offered should be contained within the total number of psychotherapy visits. The training should be a part of the medical group therapy not conducted separately. Because the patient does not have a diagnosis that would allow for the use of hypnosis, the request is not medically necessary.

Psychological sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, Behavioral interventions, cognitive Behavioral therapy, page 23-24 Page(s): 23-24.

Decision rationale: This request is unclear and can not be considered without more information. There are several problems with this request. First, the number of sessions being requested is unspecified. It is not possible to provide the decision on unlimited sessions. If the request is made for sessions without specifying the exact number it cannot be approved. Were it to be approved it would be essentially authorizing unlimited sessions. Based on this fact alone the request to overturn is denied. There is a second problem with this request and that is that it is unclear exactly what is being asked. Is this a request for individual psychotherapy? Is it a request for individual cognitive Behavioral therapy? The treatment is not specific enough to allow that consideration of it. According to the MTUS guidelines for cognitive Behavioral therapy an initial block of 3 to 4 sessions can be provided and that with documented functional objective improvement up to a maximum of 10 sessions can be offered. Because this request is made with insufficient information the request is not medically necessary.