

Case Number:	CM14-0077204		
Date Assigned:	07/18/2014	Date of Injury:	08/09/2007
Decision Date:	08/15/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 claimant is a 54 year-old male [REDACTED] with a date of injury of 8/9/07. The claimant sustained injury to his back when he lifted a water heater weighing approximately 140 pounds while working as an apartment maintenance worker for [REDACTED]. In his 10/1/13 Follow Up Pain Management Consultation and Review of Medical Records [REDACTED] diagnosed the claimant with: (1) Lumbar myoligamentous injury with bilateral lower extremity radicular symptoms; and (2) Lumbar disc herniations at L3-4, L4-5 and L5-S1 with left L5 radiculopathy. The claimant has been treated via medications, acupuncture, and physical therapy. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his 5/1/12 evaluation, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder, NOS; (3) Male hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to anxiety disorder, NOS and chronic pain; and (5) Psychological factors affecting medical condition (high blood pressure). His diagnosis has remained unchanged for the past 2 years. The claimant has been receiving group psychotherapy, hypnotherapy, and medication management..

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines 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 Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter and Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010), page 48-49.

Decision rationale: Based on the review of the medical records, the claimant was initially evaluated by ██████ in May 2012 and has been receiving psychological services since that time. In their most recent PR-2 report dated 7/14/14, ██████ and ██████ note that the claimant has made some progress towards current treatment goals as evidenced by: some improvement in the intensity of his anxious and depressive symptoms, he is better able to relax, and he notes some improvement of his sleep with medication. The current treatment goals are listed as: Patient will decrease the frequency and intensity of depressive symptoms, patient will improve duration and quality of sleep, and patient will decrease frequency and intensity of anxious symptoms. The diagnosis is listed as the patient's diagnosis remains unchanged. It does not appear that the claimant's diagnosis nor treatment plan goals have changed much at all, if anything, since his initial evaluation in May 2012. Given the claimant's diagnosis, he has received an excessive amount of psychological services over the past 2 years with only limited progress and improvements. He has far exceeded the number of recommended sessions set forth by the guidelines. As a result, the request for additional group psychotherapy 1 x 6 is not medically necessary.

Relaxation/hypnotherapy Quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter: Hypnosis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: Based on the review of the medical records, the claimant was initially evaluated by ██████ in May 2012 and has been receiving psychological services since that time. In their most recent PR-2 report dated 7/14/14, ██████ and ██████ note that the claimant has made some progress towards current treatment goals as evidenced by: some improvement in the intensity of his anxious and depressive symptoms, he is better able to relax, and he notes some improvement of his sleep with medication. The current treatment goals are listed as: Patient will decrease the frequency and intensity of depressive symptoms, patient will improve duration and quality of sleep, and patient will decrease frequency and intensity of anxious symptoms. The diagnosis is listed as the patient's diagnosis remains unchanged. It does not appear that the claimant's diagnosis nor treatment plan goals have changed much at all, if

anything, since his initial evaluation in May 2012. Given the claimant's diagnosis, he has received an excessive amount of psychological services over the past 2 years with only limited progress and improvements. He has far exceeded the number of recommended sessions set forth by the guidelines. As a result, the request for additional relaxation/hypnotherapy Quantity: 6 is not medically necessary.

Follow up office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the review of the medical records, the claimant was initially evaluated by ██████████ in May 2012 and has been receiving psychological services since that time. In their most recent PR-2 report dated 7/14/14, ██████████ and ██████████ note that the claimant "has made some progress towards current treatment goals as evidenced by: some improvement in the intensity of his anxious and depressive symptoms, he is better able to relax, and he notes some improvement of his sleep with medication." The current treatment goals are listed as: "Patient will decrease the frequency and intensity of depressive symptoms, patient will improve duration and quality of sleep, and patient will decrease frequency and intensity of anxious symptoms". The diagnosis is listed as "the patient's diagnosis remains unchanged." It does not appear that the claimant's diagnosis nor treatment plan goals have changed much at all, if anything, since his initial evaluation in May 2012. Given the claimant's diagnosis, he has received an excessive amount of psychological services over the past 2 years with only limited progress and improvements. He has far exceeded the number of recommended sessions set forth by the guidelines. As a result, the request for follow-up office visit is not medically necessary and appropriate.