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| Case Number: | CM14-0078496 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/21/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/28/2014 |

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 Licensed 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 34 year old female who reported injury on 03/21/2013. The mechanism of injury was not provided. Diagnoses were not listed. The past treatments included relaxation exercises and coping strategies. The only progress note provided for review was a psychology note, dated 12/06/2013, and noted the injured worker complained of pain to her left knee and hip, continued nightmares and flashbacks and intrusive recollections of the industrial incident. She was noted to be fearful of falling asleep and having nightmares. She experienced rapid heart palpitations and trembling and tends to socially isolate herself from others. Improvement with managing her anxiety, and improvement of her sleep with a sleep medication was reported. The physical exam revealed anxiety and apprehension, and that she was fearful and worried excessively. It was also noted, the injured worker had made some progress toward her treatment goals. Medications were not listed. The treatment plan requested cognitive behavioral group psychotherapy once a week for 12 weeks to help cope with pain and emotional symptoms, relaxation training/ hypnotherapy once a week for 12 weeks to manage stress or pain, and cognitive behavioral individual psychotherapy one session for 12 weeks to develop appropriate coping skills. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 1x12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Stress, Cognitive therapy for PTSD

Decision rationale: The request for individual psychotherapy x 12 is not medically necessary. The injured worker had unspecified pain to her left knee and hip, continued nightmares and flashbacks of the industrial incident, on 12/06/2013. The treatment plan requested cognitive behavioral individual psychotherapy one session for 12 weeks to develop appropriate coping skills. There is no more recent documentation provided. The California MTUS guidelines recommend psychotherapy intervention for chronic pain should include 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. The Official Disability Guidelines further state cognitive therapy is an effective intervention for recent-onset PTSD, research has demonstrated consistently that Cognitive Behavioral Therapy (CBT) is supported for the treatment of PTSD. Cognitive behavior programs, including exposure therapy, are currently the treatment of choice for PTSD. The guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made, and at each visit the provider should look for evidence of symptom improvement, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The injured worker had symptoms associated with PTSD; however, there is a lack of documentation of the injured worker's diagnoses. There is a lack of documentation indicating the amount of psychotherapy sessions she has completed. There is no documentation of psychological assessments used to measure the injured worker's progress. There is a gap in the documentation provided, from December 2013 to present, which leaves the absence of an assessment regarding her current condition. Given the previous, 12 additional sessions of individual psychotherapy are not indicated, and may be excessive at this time. Therefore, the request is not medically necessary.

Group psychotherapy 1x12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy(CBT) guidelines for pain. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter, Group Therapy

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

Decision rationale: The request for group psychotherapy x 12 is not medically necessary. The injured worker had unspecified pain to her left knee and hip, continued nightmares and flashbacks of the industrial incident, on 12/06/2013. The treatment plan requested cognitive behavioral group psychotherapy once a week for 12 weeks to help cope with pain and emotional symptoms. There is no more recent documentation provided. The Official Disability Guidelines

recommend group psychotherapy as an option to provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. The injured worker had symptoms associated with PTSD; however, there is a lack of documentation of the injured worker's diagnoses, and the amount of psychotherapy sessions she has completed. There is no documentation of psychological assessments used to measure the injured worker's progress. There is a gap in the documentation provided, from December 2013 to present, which leaves the absence of an assessment regarding her current condition. Given the previous, 12 additional sessions of group psychotherapy is not indicated at this time. Therefore, the request is not medically necessary.

Medical hypnotherapy/relaxation 1x12: Upheld

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

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

Decision rationale: The request for hypnotherapy relaxation x12 is not medically necessary. The injured worker had unspecified pain to her left knee and hip, continued nightmares and flashbacks of the industrial incident on 12/06/2013. The treatment plan requested relaxation training/ hypnotherapy once a week for 12 weeks to manage stress or pain. There is no more recent documentation provided. The Official Disability Guidelines recommend hypnotherapy as 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, for which hypnosis has been successfully used. Hypnotic techniques have been reported to be effective for symptoms often associated with PTSD such as pain, anxiety and repetitive nightmares. The number of visits should be contained within the total number of psychotherapy visits, which includes up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The injured worker had symptoms associated with PTSD; however, there is a lack of documentation of the injured worker's diagnoses, and the amount of psychotherapy sessions she has completed. There is no documentation of psychological assessments used to measure the injured worker's progress. There is a gap in the documentation provided, from December 2013 to present, which leaves the absence of an assessment regarding her current condition. Given the previous, 12 additional sessions of hypnotherapy is not indicated, and may be excessive at this time. Additionally, the documentation indicates the physician recommended hypnotherapy and the submitted request is for hydrotherapy; therefore, clarification is needed. Therefore, the request is not medically necessary.