

Case Number:	CM14-0088357		
Date Assigned:	07/25/2014	Date of Injury:	03/01/2007
Decision Date:	10/01/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/06/2014

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:

According to the records are provided for this independent review, this patient is a 52-year-old male who reported a continuous trauma injury that occurred between the dates of March 1, 2007 and May 9, 2009 during his work for [REDACTED] when he was exposed to pesticides insecticides for many years and as a result develop cancer of the tongue. He has been diagnosed with major depressive disorder, single episode, moderate; generalized anxiety disorder; and persistent disorder of initiating and maintaining sleep. He has had several surgical interventions and cancer treatments that have left him with substantial pain, discomfort and emotional sequel. He has difficulty controlling his emotions and impulses, communicating and making decisions. He experiences pain in his forearm and neck, dry mouth and tongue sensitivity, he has difficulty controlling himself emotionally and has trouble communicating, sleeping, and making decisions, he feels sad, tired, irritable, fearful, nervous, and restless. He continues to have headaches and nightmares. The patient reports having distressing dreams, trouble with memory and fears the worst happening to him. There is a loss of interest in usual measurable activities and ongoing gastrointestinal problems are sleep is deeply disturbed due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy and relaxation training 1x/week x 52 weeks (12 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychotherapy for MDD (major depressive disorder)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399, Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): Pages 23 to 24..

Decision rationale: According to the ACOEM chapter on stress related illness relaxation therapy can be offered as a way to help reduce the symptoms of stress and give the patient control over stressful situations and offer a measurable and concrete result; they may also curb the patient's desire to increase the use of tobacco, alcohol, or other drugs or excessive eating. For example, relaxation techniques may be particularly effective for individuals manifesting muscle tension. The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic and cognitive functions in response to stressors. With regards to group therapy, the MTUS is silent. It does however speak to the use of psychological treatment and specifically cognitive behavioral therapy. After an initial brief treatment trial of 3 to 4 sessions, additional sessions up to a maximum of 10 may be offered if the patient is showing functional improvement. The official disability guidelines are somewhat more generous offering a maximum of 13 to 20 sessions if the patient is showing improvement. The patient apparently has had already 83 sessions; this request would bring the total to over 130. This request so far greatly exceeds the recommended quantity of sessions that it cannot possibly be approved as medically necessary. There are many factors why but the most important is that in the treatment of psychological conditions ongoing assessment of medical necessity is required. Although there are no specific guidelines mentioned as to how frequently this should be done, typically every 2 to 3 months would be typical. This request is for an entire year of therapy at the number of sessions that greatly exceeds the maximum possible with no sense of how ongoing monitoring be provided to determine if the patient is responding to the treatment or if they are still in need therefore the request is not found to be medically necessary request to overturn the utilization review decision is not approved.