MAXIMUS Federal Services

Case Number:	CM14-0088746		
Date Assigned:	11/04/2014	Date of Injury:	09/13/2011
Decision Date:	12/16/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/12/2014

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 provided for this IMR, this is a 59 year and 11 month old female patient who reported a work-related injury that occurred on September 13, 2011 during the course of her employment as a seamstress when she was working with a coworker feeding a parachute into a sewing machine, she tripped over the material and fell forward with her right knee hitting a chair and the right side of her forehead hitting hard against the edge of the sewing table. She attempted to continue to work as long as possible but developed increasing levels of pain in her right shoulder, arm, hand and low back radiating to her right leg and foot. She reports neck pain and headache with intermittent right shoulder, bilateral wrist/hands/fingers, and low back and constant right knee pain. Medically, a partial list of her diagnoses include: Cephalgia, lumbar spine disc bulge, lumbar spine radiculopathy, sciatica, chronic; right knee status post lateral meniscus tear/surgery; anxiety and stress. This review will address her psychological symptomology as it pertains to the current requested treatment. Psychologically, she has been diagnosed with Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Psychological Factors Affecting Medical Condition, Insomnia. She reports chronic feelings of sadness and anxiety with difficulties and functioning and irritability, with marital difficulties. The patient has been engaged in receiving psychological treatment since at least December 16, 2013, with the total quantity of sessions and evidence of functional improvement bold undocumented. Her primary treating physician's final orthopedic report dated March 17, 2014 states that she should continue receiving psychological treatment for her Major Depression. A progress note from her primary treating psychologist was found dated December 16, 2013, and states that she has a worsening of her pain level and is reporting sleep difficulties and feel sad and anxious with poor energy and motivation with fearfulness helplessness and frustration; she also is experiencing anxiety and tension with difficulty concentrating. Treatment goals for

psychotherapy include the following: patient will decrease frequency and intensity of "depressive symptoms, anxiety symptoms and improve duration and quality of sleep." Progress to date is listed as: "worsening of symptoms due to chronic pain." Treatment plan includes continuing cognitive behavioral group psychotherapy and relaxation training/hypnotherapy for 12 weeks one time per week. There was no documentation of objective functional improvements nor were there any projected estimated dates of completion of goals. There was no documentation of total quantity of sessions already provided. Other than the above mentioned progress note no additional progress notes from prior psychological sessions was provided. Utilization review did not certify the request but modified it to allow for 4 sessions of each treatment modality. This request for an independent medical review is to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy 1 session per week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain An initial treatment trial is recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With respect to the current treatment modality there was no documentation of the total duration of treatment or the total quantity of sessions patient is already received that was provided for this IMR. Therefore is it not possible to determine whether or not the request falls within the above stated guidelines, however it does appear given she was actively engaged in psychological treatment at least from December 2013 through the present requested additional sessions it's likely that she has. There was no documentation of objective functional improvements; no progress notes other than the one from 2013 just mentioned were included for the review. There is no statement of expected date for completed goals nor was there any discussion of transitioning her to independent care. There is no evidence of improvement in activities of daily living as a result of prior psychological treatment. Due to this, the request for Cognitive behavioral group psychotherapy 1 session per week for 6 weeks is not medically necessary.

Relaxation training/hypnotherapy 1 session per week for 6 weeks: 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis, November 2014 update. See also stress management, behavioral/cognitive interventions.

Decision rationale: The CA-MTUS guidelines are nonspecific for hypnosis; however the Official Disability Guidelines does discuss the use of hypnosis and says that it is recommended as an option, a therapeutic intervention that may be an effective adjunct to procedure in the treatment of post-traumatic stress disorder PTSD. Hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, disassociation and nightmares, for which hypnosis has been successfully used. It is also mentioned as a procedure that can be used for irritable bowel syndrome. Hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the areas of the professional expertise... The total number of visits should be contained within the total number of psychotherapy visitsRegarding this request for 6 sessions of relaxation training/hypnotherapy, there was no rationale stated for the requested treatment or why this particular intervention was being requested for this particular patient. Hypnosis is described as being recommended is a procedure for patients with PTSD. There is no indication that this patient has PTSD. No information was provided with regards to prior treatments that the patient has already had of this treatment modality in terms of quantity, or outcome. It does appear that she has been receiving this treatment prior to this request. Because medical necessity of additional psychological treatment is contingent upon not only on the presence of significant patient symptomology but also objective functional improvement derived from prior sessions, and that the total number of sessions of relaxation/hypnotherapy should be contained within the total number of sessions of psychotherapy. This would suggest a maximum 13-20 sessions for most patients according to the Official Disability Guidelines for psychological treatment; this request appears to exceed the recommended quantity. The request for Relaxation training/hypnotherapy 1 session per week for 6 weeks is not medically necessary.