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| Case Number: | CM14-0090301 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 01/12/2013 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 injured worker is a 37 year-old male [REDACTED] with a date of injury of 1/12/13. The injured worker sustained burn injuries to the upper and lower extremity when a box exploded on the injured worker's right hand. The injured worker sustained this injury while working for [REDACTED]. As a result of the work-related injury, the injured worker has developed psychiatric symptoms. In the RFA dated 5/6/14, diagnosed the injured worker with depressive disorder, posttraumatic stress disorder and insomnia. The injured worker has been receiving psychotropic medications as well as individual psychotherapy and group relaxation/hypnotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Workers Compensation (TWC) Mental Illness & Stress, Psychotherapy Guidelines

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

Decision rationale: The CA MTUS does not address the treatment of PTSD; therefore, the Official Disability Guideline (ODG) regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the injured worker has been receiving both psychiatric (medication management) and psychological services (individual psychotherapy and group relaxation/hypnotherapy sessions) from [REDACTED]

[REDACTED] It is not documented as to when the services began nor how many completed sessions, both individual and group, have been completed. In the most recent "Requested Progress Report/Request for Treatment" dated 5/2/14, reports that the injured worker's objective findings are that "he is anxious, tense, and apprehensive." His progress is reported as, "some improvement in sleep" and "the frequency of his nightmares and flashbacks related to the industrial accident have decreased." In addition, the treatment plan goals appear vague and are listed as: "Patient will decrease frequency and intensity of depressive symptoms; patient will improve duration and quality of sleep; patient will decrease frequency and intensity of anxious symptoms; patient will decrease frequency and intensity of nightmares, distressing dreams, and flashbacks related to his industrial accident." Lastly, the treatment plan simply indicates that "cognitive behavioral group psychotherapy" is to be used. Although this information is offered, it does not demonstrate objective functional improvement from the unknown number of sessions completed.

Additionally, the treatment goals as well as the findings are too vague and not measurable, which makes determining exact progress difficult. Lastly, although it is reported that CBT is being used as a modality of treatment, there is no mention of the interventions being utilized. The ODG directly indicates that for further treatment, there must be evidence of objective functional improvement as well as indication that CBT is being provided. The medical reports do not offer this information to substantiate the request for additional psychotherapy. As a result, the request for "Psychotherapy 1x6" is not medically necessary.

Hypnotherapy/relaxation training 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline's (ODG) Treatment Workers Compensation (TWC) Mental Illness & Stress, Hypnosis

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

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore; the Official Disability Guideline (ODG) regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the injured worker has been receiving both psychiatric (medication management) and psychological services (individual psychotherapy and group relaxation/hypnotherapy sessions) from [REDACTED]. It is not documented as to when the services began nor how many completed sessions, both individual and group, have been completed. In the most recent "Requested Progress Report/Request for Treatment" dated 5/2/14, reports that the injured worker's objective findings are that "he is anxious, tense, and apprehensive." His progress is reported as, "some improvement in sleep" and "the frequency of his nightmares and flashbacks related to the industrial accident have decreased." In addition, the treatment plan goals appear vague and are listed as: "Patient will

decrease frequency and intensity of depressive symptoms; patient will improve duration and quality of sleep; patient will decrease frequency and intensity of anxious symptoms; patient will decrease frequency and intensity of nightmares, distressing dreams, and flashbacks related to his industrial accident." Lastly, the treatment plan simply indicates that "cognitive behavioral group psychotherapy" is to be used. Although this information is offered, it does not demonstrate objective functional improvement from the unknown number of sessions completed. Additionally, the treatment goals as well as the findings are too vague and not measurable, which makes determining exact progress difficult. The ODG indicates that the number of hypnotherapy visits "should be contained within the total number of psychotherapy visits." The medical reports does not offer sufficient information to substantiate there request for additional psychotherapy and also do not substantiate the need for additional hypnotherapy/relaxation sessions. As a result, the request for "Hypnotherapy/relaxation training 1 x 6" is not medically necessary.

Psychologist 1 x 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Workers Compensation (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 Illness and Stress Chapter

Decision rationale: The CA MTUS does not address office visits or follow-up visits therefore, the Official Disability Guidelines regarding office visits will be used as reference for this case. Based on the review of the medical records, the injured worker has been receiving both psychiatric (medication management) and psychological services (individual psychotherapy and group relaxation/hypnotherapy sessions) from [REDACTED]. It is not documented as to when the services began nor how many completed sessions, both individual and group, have been completed. In the most recent "Requested Progress Report/Request for Treatment" dated 5/2/14, reports that the injured worker's objective findings are that "he is anxious, tense, and apprehensive." His progress is reported as, "some improvement in sleep" and "the frequency of his nightmares and flashbacks related to the industrial accident have decreased." In addition, the treatment plan goals appear vague and are listed as: "Patient will decrease frequency and intensity of depressive symptoms; patient will improve duration and quality of sleep; patient will decrease frequency and intensity of anxious symptoms; patient will decrease frequency and intensity of nightmares, distressing dreams, and flashbacks related to his industrial accident." Lastly, the treatment plan simply indicates that "cognitive behavioral group psychotherapy" is to be used. Although all of this information is offered, it does not demonstrate objective functional improvement from the unknown number of sessions completed. Additionally, the treatment goals as well as the findings are too vague and not measurable, which makes determining exact progress difficult. Since the medical reports do not offer sufficient information to substantiate the requests for additional services, there is no need for additional follow-ups with a psychologist. As a result, the request for "Psychologist 1 x 3" is not medically necessary.