

Case Number:	CM15-0002437		
Date Assigned:	01/13/2015	Date of Injury:	05/28/2014
Decision Date:	03/11/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 51 year old female, who sustained an industrial injury on 5/28/14. On 1/6/15, the injured worker submitted an application for IMR for review of cognitive behavioral group psychotherapy 1x12, and hypnotherapy/relaxation training 1x2, and desensitization techniques 1x12 and psychiatric monthly appointment for 6-8 months. The provider has reported per a Psychological Consult dated July 8, 2014 the injured worker is having nightmares, flashbacks, insomnia, and anxiety attacks and pain and headaches all of which are worsening. The diagnoses have included sprain of the neck, thoracic region and left wrist, along with situational anxiety. The provider at this time is treating depression, anxiety, acute pain, personality assessment, early onset post traumatic stress disorder, sleep difficulties and stress. Treatment to date has included assessment procedures: Beck Depression Inventory (BDI), Beck Anxiety Inventory (BAI), Pain Disability Index (PDI), Whaler Physical Symptom Checklist (WPSC), Pain Profile (P-3) and Millon Behavior Medicine Diagnostic (MBMD), Minnesota Multiphasic Personality inventory (MMPI-2), Millon Clinical Multiaxial Inventory (MCMII-III), and Rey 15 item Malingering Test. Neuropsychological symptom checklist (NSC), Trail Making Test: A&B, Symbol Digit Modality Test (SDMT) and Shipley Institute of Living Scale. The injured worker has also had orthopedic consults, physical therapy, functional capacity testing. On 12/19/14 Utilization Review (UR) certified behavioral group therapy 1x12 and the hypnotherapy/relaxation training 1x12. The UR non-certified the desensitization technique 1x12 noting this request was redundant to the approved hypnotherapy. The UR modified the psychiatric monthly appointments for 6-8 months per the MTUS 2009 Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desensitization techniques x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: The MTUS and official disability guidelines are both nonspecific and silent with regards to desensitization training. The ACOEM guidelines do discuss the use of relaxation techniques as follows. The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventative or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiological responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modified the manifestation of daily, continuous stress. The main disadvantage is that formal training, at a cost is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. The patient has been approved for relaxation training and hypnotherapy the request for desensitization treatment is excessive in light of that other approved modality. One or the other should be offered to the patient but offering relaxation training/hypnosis as well as desensitization training appears redundant. In addition, according to a PR-2 primary treating physician progress note from June 25, 2014, the patient is "currently attending therapy x4 and states that she is not benefiting at all from it." However, it should be noted that it is not entirely clear which therapy this is referring to. The utilization review determination for non-certification appears to be appropriate and therefore it is upheld due to medical necessity not been established.

Psychiatric monthly appointment for 6-8 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral..

Decision rationale: The ACOEM guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be

referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The medical necessity of the request for monthly psychiatric treatment for 6-8 Was not established by the documentation provided for consideration. The utilization review determination correctly modified the request to allow for one psychiatric consultation/evaluation. Is not clear if psychiatric medication is required and therefore 6 to 8 months of treatment is an appropriate in terms of treatment duration and quantity in the absence of a initial psychiatric consultation. Because the medical necessity was not established the utilization review determination for non-certification is upheld.