

Case Number:	CM15-0106969		
Date Assigned:	06/11/2015	Date of Injury:	01/04/2014
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/03/2015

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 32 year old male, who sustained an industrial injury on 01/04/2014. The injured worker was threatened while driving bus. On provider visit dated 03/13/2015 the injured worker has reported difficulty sleeping, making decisions and controlling his emotions. He was noted to socially isolate and withdraw himself. He was noted to be sad, tired, irritable, fearful, nervous, restless, anxious, depress and helpless. He was also noted to lack energy, experience flash backs, have a loss of interest in usual activities and have a rapid heart rate. On examination of the injured worker was noted to be sad, anxious mood, nervous, overt talkative, poor concentration and body tension. The diagnoses have included post-traumatic stress disorder. Treatment to date has included psychiatric treatment and therapy. He was noted to be permanent and stationary. The provider requested cognitive behavioral group medical psychotherapy, once a week for 4 months (PTSD), medical hypnotherapy/relaxation training, once a week for 4 months (post-traumatic stress disorder) and follow-up evaluation with a psychologist (post-traumatic stress disorder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group medical psychotherapy, once a week for 4 months (PTSD):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary last updated 3/25/2015 ODG 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 ChapterGroup Therapy; PTSD Psychotherapy Interventions.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in October and November 2014. He began subsequent psychological services including group psychotherapy as well as hypnotherapy and relaxation sessions for an unknown number of sessions. In the most recent PR-2 report from April 2015, there is no mention of the number of completed sessions to date. Additionally, there is no discussion regarding the progress that has been made as a result of the services. Instead, it is noted that the injured worker remains symptomatic. There is no documentation regarding any changes in the treatment plan to accommodate the continued symptoms and lack of progress. In the treatment of PTSD, including group therapy, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." It further recommends that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Additionally, the ODG suggests that "the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Unfortunately, the documentation submitted fails to provide adequate information regarding the completed services. Without this information, the need for additional treatment cannot be fully determined. As a result, the request for cognitive behavioral group psychotherapy, once a week for 4 months (16 sessions) is not medically necessary.

Medical hypnotherapy/relaxation training, once a week for 4 months (post traumatic stress disorder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary last updated 3/25/2015.

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 ChapterHypnotherapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in October and November 2014. He began subsequent psychological services including group psychotherapy as well as hypnotherapy and relaxation sessions for an unknown number of sessions. In the most recent PR-2 report from April 2015, there is no mention of the number of completed sessions to date. Additionally, there is no discussion regarding the progress that has been made as a result of the services. Instead, it is noted that the injured worker remains symptomatic. There is no documentation regarding any changes in the treatment plan to accommodate the continued symptoms and lack of progress.

Regarding the use of hypnotherapy, the ODG suggests that the "number of visits should be contained within the total number of psychotherapy visits." In reference to the use of psychotherapy for PTSD, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." It further recommends that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Additionally, the ODG suggests that "the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Unfortunately, the documentation submitted fails to provide adequate information regarding the completed services. Without this information, the need for additional treatment, including hypnotherapy/relaxation training cannot be fully determined. As a result, the request for medical hypnotherapy/relaxation training, once a week for 4 months (16 sessions) is not medically necessary.

Follow-up evaluation with a psychologist (post-traumatic stress disorder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in October and November 2014. He began subsequent psychological services including group psychotherapy as well as hypnotherapy and relaxation sessions for an unknown number of sessions. In the most recent PR-2 report from April 2015, there is no mention of the number of completed sessions to date. Additionally, there is no discussion regarding the progress that has been made as a result of the services. Instead, it is noted that the injured worker remains symptomatic. There is no documentation regarding any changes in the treatment plan to accommodate the continued symptoms and lack of progress. In the treatment of PTSD, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." It further recommends that "in cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Additionally, the ODG suggests that "the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Unfortunately, the documentation submitted fails to provide adequate information regarding the completed services. Without this information, the need for additional treatment, including office visits, cannot be fully determined. As a result, the request for a follow-up evaluation with a psychologist is not medically necessary.