

Case Number:	CM15-0141487		
Date Assigned:	07/31/2015	Date of Injury:	05/28/2014
Decision Date:	09/04/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/21/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient, who sustained an industrial injury on May 28, 2014, incurring head, neck, right elbow, left wrist, hips and back injuries after a physical assault. She was diagnosed with a concussion, depression, post-traumatic stress disorder and stress related headaches. Per the psychologist note dated 7/17/2015, she had complaints of intense pain, physical limitations, nervousness, crying spell, distress, feeling angry, difficulty sleeping and headache. The physical examination revealed anxious, poor concentration, tired, tearful, facial flushing and preoccupied with physical symptoms. Per the doctor's note dated 4/13/2015, she had complaints of pain over the cervical spine, lumbar spine, left wrist and hand, left hip, left elbow and thoracic spine. The medications list includes topical compound creams and tylenol. She has had lumbar spine MRI dated 2/2/2015 which revealed at L2-3 3mm disc protrusion with mild central canal and bilateral neuroforaminal narrowing, 2mm disc protrusion at L5-S1; cervical MRI dated 12/29/2014 which revealed post surgical changes and multilevel disc protrusion. Treatment included Cognitive Behavioral Therapy, pain medications, diagnostic imaging, group psychotherapy sessions, hypnotherapy sessions and work restrictions. The treatment plan that was requested for authorization included group medical psychotherapy once a week for 8 weeks, medical hypnotherapy and relaxation once a week for 8 weeks and an office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy once a week for 8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1063.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 3/25/15) Group therapy PTSD psychotherapy interventions.

Decision rationale: Per the ODG guidelines group therapy is "Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types." Patient has diagnosis of depression and PTSD. She had group psychotherapy sessions for this injury with improvement. Cited guidelines recommended, "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Per the psychologist note dated 7/17/2015, she had complaints of intense pain, physical limitations, nervousness, crying spell, distress, feeling angry, difficulty sleeping and headache. She has still significant objective findings on the physical examination-anxious, poor concentration, tired, tearful, facial flushing and preoccupied with physical symptoms. The request of Group medical psychotherapy once a week for 8 weeks is medically appropriate and necessary for this patient.

Medical hypnotherapy/relaxation once a week for 8 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnotherapy Guidelines, Chronic Pain Hypnosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 3/25/15) Hypnosis.

Decision rationale: Per the ODG guidelines regarding hypnotherapy "Recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. (VA/DoD, 2004) (Brom, 1989) (Sherman, 1998)" Patient had already had hypnotherapy for this injury. Response to previous hypnotherapy sessions is not specified in the records provided. Rationale for additional therapy-hypnotherapy at this juncture is not specified in the records provided. Response to medications for depression and PTSD is not specified in the records provided. The request for Medical hypnotherapy/relaxation once a week for 8 weeks is not medically necessary or fully established for this patient.

Office Visit: Overturned

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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise". Per the records provided she had complaints of intense pain, physical limitations, nervousness, crying spell, distress, feeling angry, difficulty sleeping and headache. She has still significant objective findings on the physical examination-anxious, poor concentration, tired, tearful, facial flushing and preoccupied with physical symptoms. She has been certified for group therapy. Therefore office visit is medically appropriate and necessary to monitor her symptoms. The request for Office visit is medically appropriate and necessary for this patient at this juncture.