

Case Number:	CM15-0182254		
Date Assigned:	09/23/2015	Date of Injury:	11/16/2008
Decision Date:	10/29/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/16/2015

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 71 year old male who sustained an industrial injury 11-16-08. A review of the medical records reveals the injured worker is undergoing treatment for back pain, right hip strain, major depressive disorder, generalized anxiety disorder, and insomnia. Medical records (08-21-15) reveal the injured worker reports pain in his back, right groin, and right leg and feels sad, tired, irritable, fearful, nervous, restless, anxious, depressed, and helpless with difficulty sleeping, communicating, making decisions, and controlling his emotions and impulses. The physical exam (08-21-15) reveals "sad and anxious moods, apprehensive and body tensions." Prior treatment includes medications, spinal fusion, and counseling sessions. The original utilization review (09-29-15) non-certified the request for 6 group psychiatric and 6 medical hypnotic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy guidelines, see also Group Therapy, August 2015 update.

Decision rationale: Decision: A request was made for group medical psychotherapy, six sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "the patient was authorized for six group medical psychotherapy sessions on August 4, 2015. However, there is no documentation of symptomatic or functional improvement from the authorize sessions to date." This IMR will address a request to overturn the utilization review decision and authorize six sessions of group medical psychotherapy. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. ODG recommend the typical course of psychological treatment to consist of 13 to 20 sessions maximum. According to the most recent treatment progress note provided for consideration for this IMR, August 21, 2015, it is noted that the patient continues to have depressive symptoms including lack of energy and tearfulness, decreased sexuality and weight loss, anxiety symptoms of blurry vision and sweating sensations with rapid heart palpitations. There is report of nightmares, distressing dreams, etc. Treatment progress was noted as "his emotional condition has improved with treatment." Treatment plan is listed only as follow-up in 45 days "continue with current treatment." According to a agreed medical evaluation from August 4, 2014 "Last year (2013 -the patient) began seeing [REDACTED]." He was placed on psychotropic medications and improved and went to group therapy until April 2014 one time per week which she reportedly found helpful but stop treatment because [REDACTED] [REDACTED] was not in the MPN. At that time he was diagnosed with unspecified Depressive Disorder, industrial related, stabilized and Sleep-Wake Disorder and Insomnia Disorder, industrial related, stabilized. It was further noted "(the patient) has stabilized in treatment for his unspecified depressive disorder. At this time he is at maximum medical improvement." It was recommended that he return to taking psychotropic medications for depression and returned it group or individual therapy one time a week for six months. According to a prior utilization review notation the patient completed a total of 27 sessions of group cognitive therapy and hypnotherapy on January 9, 2013 and has also engaged in ongoing psychiatric care. A request was made in June 2015 for 24 additional group medical psychotherapy sessions and hypnotherapy and relaxation sessions and was modified to allow for six sessions by utilization review. An additional request for six sessions of each treatment modality was noted in May 2015. The medical necessity of this request was not established by the provided documentation. The medical records do not adequately discuss how much treatment the patient has received and it appears that he has participated in a course of psychological treatment that exceeds the industrial guidelines for psychological treatment on an industrial basis. Medical records contained almost no treatment progress notes from his prior treatment. It could not be determined how many sessions he is actually participated in 2015. Due to inadequate and insufficient medical records there was no record of sustained functional benefit from treatment, which is

needed in order to establish medical necessity. For example increases in ADL, reductions in medication etc. The medical records did discuss ongoing psychological symptoms but there is also document of resolution in 2014 without clear indication of why they have returned. Six months of additional treatment was recommended by A ME 2014 but it could not be determined how much has been provided since then. There was no clear treatment plan listed nor were there any detailed descriptions of prior treatment goals and been achieved by his psychological care. The standard medical necessity was not met by the provided documentation and therefore the request to overturn the utilization review decision is not approved. The request is not medically necessary.

Medical hypnotherapy/relaxation 1 time a week for 6 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), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis.

Decision rationale: Citation Summary: 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. And 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 visits. Decision: a request was made for medical hypnotherapy and relaxation six sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "the patient was authorized for medical hypnotherapy and relaxation x 4 sessions on August 4, 2015 however, there is no documentation of symptomatic or functional improvement from the authorized sessions to date." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. ODG recommend the typical course of psychological treatment to consist of 13 to 20 sessions maximum. According to the most recent treatment progress note provided for consideration for this IMR, August 21, 2015, it is noted that the patient continues to have depressive symptoms including lack of energy and tearfulness, decreased sexuality and weight loss, anxiety symptoms of blurry vision and sweating sensations with rapid heart palpitations. There is report of nightmares, distressing dreams, etc. Treatment progress was noted as "his emotional condition

has improved with treatment." Treatment plan is listed only as follow-up in 45 days "continue with current treatment." According to a agreed medical evaluation from August 4, 2014 "Last year (2013 -the patient) began seeing [REDACTED]." He was placed on psychotropic medications and improved and went to group therapy until April 2014 one time per week which she reportedly found helpful but stop treatment because [REDACTED] was not in the MPN. At that time he was diagnosed with unspecified Depressive Disorder, industrial related, stabilized and Sleep-Wake Disorder and Insomnia Disorder, industrial related, stabilized. It was further noted "(the patient) has stabilized in treatment for his unspecified depressive disorder. At this time he is at maximum medical improvement." It was recommended that he return to taking psychotropic medications for depression and returned it group or individual therapy one time a week for six months. According to a prior utilization review notation the patient completed a total of 27 sessions of group cognitive therapy and hypnotherapy on January 9, 2013 and has also engaged in ongoing psychiatric care. A request was made in June 2015 for 24 additional group medical psychotherapy sessions and hypnotherapy and relaxation sessions and was modified to allow for six sessions by utilization review. An additional request for six sessions of each treatment modality was noted in May 2015. The medical necessity of this request was not established by the provided documentation. The medical records do not adequately discuss how much treatment the patient has received and it appears that he has participated in a course of psychological treatment that exceeds the industrial guidelines for psychological treatment on an industrial basis. Medical records contained almost no treatment progress notes from his prior treatment. It could not be determined how many sessions he is actually participated in 2015. Due to inadequate and insufficient medical records there was no record of sustained functional benefit from treatment, which is needed in order to establish medical necessity. For example increases in ADL, reductions in medication etc. The medical records did discuss ongoing psychological symptoms but there is also document of resolution in 2014 without clear indication of why they have returned. Six months of additional treatment was recommended by AME 2014 but it could not be determined how much has been provided since then. There was not a single treatment progress note that discussed specifically the use of this treatment modality and its outcome. No discussion of patient progress in using the methods independently when in pain were found, there was no description of reduction in autonomic nervous system arousal with treatment. There was no clear treatment plan listed nor were there any detailed descriptions of prior treatment goals and been achieved by his psychological care. The standard medical necessity was not met by the provided documentation and therefore the request to overturn the utilization review decision is not approved. The request is not medically necessary.