

Case Number:	CM15-0220653		
Date Assigned:	11/16/2015	Date of Injury:	07/25/2008
Decision Date:	12/29/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/10/2015

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 47 year old male who sustained an industrial injury on July 25, 2008. The worker is being treated for: numbness to the lower extremities and right thigh numbness pain and low back pain; left shoulder injury status post fall; right hip THR 2013, bilateral knee strain and sprain, stress anxiety and depression. Subjective: June 29, 2015, August 10, 2015 he reported complaint of persistent pain, sleep difficulties, poor concentration, difficulties breathing, significant weight gain and feelings of fatigue. September 24, 2015 he reported complaint of right hip pain radiating down to the knees with painful movement and right knee pain associated with "popping," and "clicking" sounds. Objective: August 10, 2015 noted the patient nervous, tense, over talkative, sad, tearful, and preoccupied with physical condition and "in need of mental health services to decrease current symptoms of anxiety and depression." September 24, 2015 noted the right hip with tenderness to palpation over lateral aspect and lateral thigh; the right knee demonstrated tenderness to palpation over lateral and medial joint line and anterior patella tendon; the left knee noted tenderness to palpation over lateral and medial joint line, anterior patella tendon, and bilateral patellar facet. Diagnostic: October 12, 2015 the worker underwent electrodiagnostic study of bilateral lower extremities. Medication: September 2015: "same as before." Treatment: pain management, psychiatric care, orthopedic specialist evaluation of knee. On September 25, 2015 a request was made for 6 sessions of group medical psychotherapy, medical hypnotherapy and relaxation training and one psychology office visit that were all noncertified by Utilization Review on October 20, 2015.

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 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Chapter, Cognitive therapy for depression.

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: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 9/24/14. In the report, the injured worker was diagnosed with depressive disorder NOS, generalized anxiety disorder, insomnia, and stress-related physiological response affecting a general medical condition. It was recommended that the injured worker receive follow-up psychological services. It appears that psychological services including group psychotherapy as well as hypnotherapy/relaxation training sessions commenced shortly following the evaluation. In follow-up progress reports, the injured worker's diagnosis has "remained the same." In the 6/29/15 report, the injured worker did not demonstrate any progress. It was reported that the "patient reports no changes in his emotional condition." In the progress report dated 8/10/15, it was reported that the "patient continues to report symptoms of anxiety, depression, and insomnia." In the 9/21/15 report, it was noted that the "patient has made some improvements towards his treatment goals as evidenced by patient reports of improved mood." This statement is too vague and does not give any concrete information that is measurable nor does it discuss the improvements and progress made from each modality of treatment. Unfortunately, none of the requested progress reports indicate the number of completed sessions to date however, the injured worker has been participating in treatment for over one year. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks, if progress is being made." It further specifies that "in cases of severe depression...up to 50 sessions, if progress is being made." The documentation does not indicate that the injured worker's symptoms are "severe." As a result, despite [REDACTED] 4/27/15 recommendation for an additional 6-9 months of psychological treatment, the records submitted by [REDACTED] and [REDACTED] fail to offer the necessary information to substantiate the request for additional treatment. Therefore, due to the lack of information within the psychological records the request for an additional 6 group psychotherapy sessions is not medically necessary.

Medical hypnotherapy/relaxation training once 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, Pain Chapter, 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: Hypnosis.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 9/24/14. In the report, the injured worker was diagnosed with depressive disorder NOS, generalized anxiety disorder, insomnia, and stress-related physiological response affecting a general medical condition. It was recommended that the injured worker receive follow-up psychological services. It appears that psychological services including group psychotherapy as well as hypnotherapy/relaxation training sessions commenced shortly following the evaluation. In follow-up progress reports, the injured worker's diagnosis has "remained the same." In the 6/29/15 report, the injured worker did not demonstrate any progress. It was reported that the "patient reports no changes in his emotional condition." In the progress report dated 8/10/15, it was reported that the "patient continues to report symptoms of anxiety, depression, and insomnia." In the 9/21/15 report, it was noted that the "patient has made some improvements towards his treatment goals as evidenced by patient reports of improved mood." This statement is too vague and does not give any concrete information that is measurable nor does it discuss the improvements and progress made from each modality of treatment. Unfortunately, none of the requested progress reports indicate the number of completed sessions to date however, the injured worker has been participating in treatment for over one year. As a result, despite [REDACTED] 4/27/15 recommendation for an additional 6-9 months of psychological treatment, the records submitted by [REDACTED] and [REDACTED] fail to offer the necessary information to substantiate the request for additional treatment. Therefore, due to the lack of information within the psychological records the request for an additional 6 hypnotherapy/relaxation training sessions is not medically necessary.

1 psychology office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office visits.

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: Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 9/24/14. In the report, the injured worker was diagnosed with depressive disorder NOS, generalized anxiety disorder, insomnia, and stress-related physiological response affecting a general medical condition. It was recommended that the injured worker receive follow-up psychological services. It appears that psychological services including group psychotherapy as well as hypnotherapy/relaxation training sessions commenced shortly following the evaluation. In follow-up progress reports, the injured worker's diagnosis has "remained the same." In the 6/29/15 report, the injured worker did not demonstrate any progress. It was reported that the "patient reports no changes in his emotional condition." In the progress report dated 8/10/15, it was reported that the "patient continues to report symptoms

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