MAXIMUS Federal Services

Case Number:	CM14-0143037		
Date Assigned:	09/10/2014	Date of Injury:	09/08/2008
Decision Date:	10/14/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Psychology, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50 year old male who reported an injury on 09/28/2008. The mechanism of injury consisted of him getting rear ended in an automobile accident. His diagnoses were major depressive disorder, posttraumatic stress disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia related to posttraumatic stress disorder and chronic pain. He had X-rays of his lower back upon his injury, an MRI of the cervical and lumbar spine, and electromyography of his upper and lower extremities. He had right arm surgery in 1982 due to an infection. His treatments included injections, physical therapy and acupuncture for about 6 months, and 3 visits with a psychologist. It was noted that the injured worker began therapy with a psychiatrist in October 2011 on a monthly basis for approximately 1 year. On 05/01/2013 the injured worker scored a 36 on the Beck Depression Inventory test and 16 on the Beck Anxiety test. He reported often feeling lonely, afraid, irritable, sad, helpless, and hopeless. It was noted that his mood during the pretest session and the testing session his mood was anxious and sad and he showed impairment in his production of speech or his thought process. His medications were not provided. The treatment plan was for additional cognitive behavioral group psychotherapy and medical hypnotherapy/ relaxation training at 1-2 months for 4 Months and follow-up visit with Psychology. The rationale for request was for learning pain control. The request for authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Cognitive Behavioral Group Psychotherapy and Medical Hypnotherapy/ Relaxation Training at 1-2 months for 4 Months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions,Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy Guidelines for Chronic Pain

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, Cognitive behavioral therapy (CBT); Hypnosis.

Decision rationale: Based on the clinical information submitted for review, the request for additional cognitive behavioral group psychotherapy and medical hypnotherapy/ relaxation training at 1-2 months for 4 months is not medically necessary. As stated in Official Disability Guidelines, studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. Functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. The guidelines indicate up to 20 visits over 7-20 weeks for individual sessions if progress is being made. Hypnosis may be used to alleviate post-traumatic stress disorder symptoms, which included pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. The injured worker reported often feeling lonely, afraid, irritable, sad, helpless, and hopeless. He had 3 visits with a psychologist and had monthly therapy sessions with a psychiatrist for approximately 1 year. The guidelines indicate up to 20 visits if progress is being made; however, it is unclear as to how many sessions of therapy the injured worker has attended since the request is asking for additional visits. There is a lack of documentation demonstrating the injured worker has significant objective functional improvement and a significant decrease in psychological symptomatology with the prior sessions of treatment. Furthermore, the submitted request does not indicate how many visits are being requested over the 4 months. As such, the request for additional cognitive behavioral group psychotherapy and medical hypnotherapy/ relaxation training at 1-2 months for 4 months is not medically necessary.

Follow-Up Visit With Psychology: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress (Updated 6/12/14) 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, Cognitive therapy for depression

Decision rationale: Based on the clinical information submitted for review, the request for follow-up visit with Psychology is not medically necessary. As stated in Official Disability Guidelines, cognitive therapy for depression is recommended. A recent meta-analysis discovered that psychological treatment combined with antidepressant therapy is associated with a higher

improvement rate than drug treatment alone. For patients at moderate risk for recurrence of depressive episodes, which is fewer than 5 episodes, structured patient psychoeducation may be equally effective. The guidelines indicate up to 20 visits over 7-20 weeks for individual sessions if progress is being made. The injured worker reported often feeling lonely, afraid, irritable, sad, helpless, and hopeless. He had 3 visits with a psychologist and had monthly therapy sessions with a psychiatrist for approximately 1 year; however, it was unclear as to how many sessions the injured worker completed. There is a lack of documentation demonstrating the injured worker has significant objective functional improvement and a significant decrease in psychological symptomatology with the prior sessions of treatment. As such, the request for follow-up visit with Psychology is not medically necessary.