

Case Number:	CM14-0161422		
Date Assigned:	10/06/2014	Date of Injury:	10/18/2011
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/01/2014

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 licensed in Psychologist 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 37 year old male who reported an injury on 10/18/2011. His mechanism of injury was being hit by a truck. His relevant diagnoses are Major Depressive Disorder, Generalized Anxiety Disorder, Insomnia; Status Post Traumatic Brain Injury; Internal derangement of the left knee; fracture of the clavicle; sprain and strain of the shoulder; closed fracture at the distal end of the radius; tear of the lateral and medial meniscus. His past treatments have included psychiatric treatments. At his psychological follow-up visit on 08/29/2014, his subjective complaints included feeling sad, nervous, and stressed. His objective findings included a sad and anxious mood, poor concentration, apprehensive, and preoccupation with his physical symptoms and condition. It was noted to he was in need of continued treatment for his symptoms of depression and anxiety. It was noted to his progress with treatment was evidenced by the injured worker's reports of improved mood and ability to cope with stressors. His medications, at the time of his visit, were not provided. The treatment plan was for continued cognitive behavioral group psychotherapy to help the injured worker cope with his physical condition, his levels of pain, and his emotional symptoms; relaxation training/hypnotherapy to help him manage stress and pain levels; and psychiatric treatment as indicated by psychiatrist, with no rationale. The Request for Authorization Form was provided and signed on 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

outpatient cognitive group psychotherapy one (1) times a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Mental Illness & Stress Chapter, 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, Cognitive Therapy for Depression.

Decision rationale: The request for outpatient cognitive group psychotherapy one (1) time a week for six (6) weeks is not medically necessary. The injured worker has been treated with psychotherapy since the injury was sustained in 2011. However, the number of visits completed to date were not specified. The Official Disability Guidelines may support up to 13-20 visits over 7-20 weeks of cognitive behavioral therapy, if progress is being made. In the absence of details regarding his previous number of visits, it is unclear whether the number of psychotherapy sessions requested falls within the guidelines. Also, there was a lack of objective evidence of functional improvement and improved psychological test scores to justify ongoing cognitive behavioral therapy. Based on the above, the request is not medically necessary.

medical hypnotherapy/relaxation training one (1) times a week for six (6) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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, Hypnosis.

Decision rationale: The request for medical hypnotherapy/relaxation training one (1) times a week for six (6) weeks is not medically necessary. The injured worker has been treated with psychotherapy since the injury was sustained in 2011. There is no indication in the medical record to clearly note whether his previous treatment included hypnosis and whether this treatment provided positive results. The Official Disability Guidelines recommend hypnosis be used for posttraumatic stress syndrome and irritable bowel syndrome. The injured worker has neither diagnosis recommended for the use of hypnotherapy and details regarding previous treatment were not provided. Consequently, the request is not medically necessary.

outpatient follow-up psychiatric consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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, Psychological treatment.

Decision rationale: The request for outpatient follow-up psychiatric consultation is not medically necessary. The injured worker has been treated with psychotherapy since the injury was sustained in 2011. The Official Disability Guidelines recommend office visits as determined to be medically necessary based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There is no indication in the medical record as to the specific rationale for the outpatient follow-up psychiatric consultation as the most recent documentation submitted failed to indicate whether the injured worker continued on psychotropic medication prescribed by a psychiatrist. Consequently, this request is not medically necessary.