

Case Number:	CM14-0184673		
Date Assigned:	11/12/2014	Date of Injury:	02/03/2012
Decision Date:	12/16/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/06/2014

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 Psychology, and is licensed to practice in California. 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:

According to the records as are provided for this IMR, this patient is a year 42 old male who reported an occupational related injury that occurred on February 3, 2012. On that date, the patient was unloading a pallet of strips of sod when he bent to lift a piece of sod from the pallet and felt a sharp pinch/stab in the low back, symptoms were sudden and severe with shooting/radiating bilateral leg pain worse on the left side. In addition, radiating neck pain to bilateral upper extremities. A partial list of his medical diagnoses include: Cephalgia with dizziness; lumbosacral sprain/strain; lumbar radiculopathy and herniated disc; cognitive impairment; possible sleep disorder; anxiety and depression; sexual dysfunction; bladder incontinence. He is status post lumbar spine fusion L4-S1 May 2014. This IMR will address his psychological symptoms as they relate to the requested treatments. A psychological testing report from April 21, 2014 indicates depression and anxiety at a clinically significant level. He has been diagnosed with an adjustment disorder, with mixed depressed and anxious mood pain disorder due to psychological factors and a general medical condition. His primary treating psychologist provides an alternative diagnosis as follows: Major Depressive Disorder, Single Episode; Generalized Anxiety Disorder; Male Erectile Disorder and Insomnia. According to a psychological progress report dated October 6, 2014 patient reports feeling sad, nervous and irritable, socially isolated and withdrawn. He continues to recover from his back surgery but feels tired intense and has difficulty with limitations and anger about depending on his way for chores. Treatment goals are listed as: decrease frequency and intensity of depressive and anxious symptoms and improve duration and quality of sleep. Progress to date was listed as: "some improvement in managing emotional symptoms." There was no indication of the quantity of prior sessions provided or objective functional improvements derived from them. The psychologist requested continued treatment consisting of cognitive behavioral group therapy,

relaxation training/hypnotherapy, and psychiatric treatment as indicated. A request was made for 12 sessions. Another and nearly identical psychological treatment progress note was found from July 14, 2014 requesting the same treatment modalities for 6 weeks. The treatment goals were identical and there was no indication of change or progress being made. A handwritten treatment progress note from August 25, 2014 follow-up visit states patient's father passed away one week ago and he was not able to attend group for the past few weeks but plans on attending in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 cognitive behavioral group psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 Update

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With respect to the request for 8 additional cognitive behavioral group psychotherapy sessions, the request is not supported as medically necessary. The patient appears to have already had more than the maximum number of treatment sessions recommended in both the MTUS and ODG guidelines. The included medical records for this IMR consisted of over 900 pages making it difficult to determine the precise number of sessions that have been provided, no documentation of total treatment duration and quantity was provided. The best estimate that could be derived was that he has already received more than 13-20 sessions over a 7-20 week period. There was no evidence of objective functional improvements based on prior treatment sessions. A progress note from October 2014, described progress as: "some improvement in managing emotional symptoms", this does not meet the definition of objective functional improvement. Continued psychological treatment is contingent not only upon the presence of significant psychological symptomology but also that the request conforms to the above-mentioned session quantity/duration guidelines with evidence of objective functional improvement and that the patient is benefiting from the care that he has been receiving. Session duration/quantity appears to be exceeding those guidelines without evidence of substantial improvement. Because medical necessity of the request was not established, the utilization review determination for non-certification is upheld.

8 relaxation training/hypnotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (acute and chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Topic: Hypnosis, November 2014 Update. See Also Stress Management, Behavioral/Cognitive Interventions

Decision rationale: ACOEM guidelines for relaxation techniques state that the goal is to teach the patient to voluntarily change his or her physiologic and cognitive functions in response to stressors. Using these techniques can be preventative or helpful for patients in chronically stressful conditions. Relaxation techniques include meditation, relaxation response, and progressive relaxation. 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. 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. Regarding this request for 6 sessions of relaxation training/hypnotherapy, there was no rationale stated for the requested treatment of why this particular intervention was being requested for this particular patient. Hypnosis is described as being recommended is a procedure for patients with PTSD. There is no indication that this patient has PTSD. There was no documentation regarding why relaxation training is necessary for him. No information was provided with regards to prior treatments that the patient has already had of this treatment modality in terms of quantity, or outcome. It does appear that he has been receiving this treatment prior to this request. There was no mention of this treatment modality in any of the progress notes reviewed. According to the Official Disability Guidelines, the total number of sessions of relaxation/hypnotherapy should be contained within the total number of sessions of psychotherapy. This would suggest a maximum 13-20 sessions for most patients according to the Official Disability Guidelines for psychological treatment, this request appears to exceed the recommended quantity and without sufficient documentation of patient benefit from the specific procedure. There were no details provided with regards to the patient's progress in managing his autonomic response to stressors. Therefore, the medical necessity of this request is not been established and the original utilization review determination is upheld.

1 office visit follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. With respect to this patient, this request for 1 follow-up visit is not supported as being medically necessary. There was no indication whether this was for psychology or for psychiatry follow-up, it is assumed that the requested follow-up visit is for the treating psychologist and not psychiatry. While the concept of follow-up visits in general medical practice are important, the distinction between a follow-up visit and a psychotherapy session is unclear. Material that would be discussed in a follow-up visit with a psychologist would consist of the same material that would constitute any psychological treatment session. As was mentioned above the patient appears to have already exceeded the recommendations for psychological treatment duration and quantity. No rationale for follow-up visits was found in the medical records. The request for a follow-up visits was not supported as being medically necessary by the documentation provided, and therefore the original non-certification utilization review decision is upheld.