

Case Number:	CM14-0185672		
Date Assigned:	11/12/2014	Date of Injury:	10/17/2011
Decision Date:	12/19/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/07/2014

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 a licensed Psychologist 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 provided for this IMR, this patient is a 54-year-old female who reported an industrial related injury that occurred on October 17, 2011. The injury reportedly included her bilateral upper extremities (wrists, fingers, hands, arms) and psyche. Medically, she has been diagnosed with carpal tunnel syndrome and reports bilateral wrist and hand pain which radiates bilaterally to her arms, elbows, and fingers. This IMR will address her psychological symptomology as it relates to the current requested treatments. Her psychological/psychiatric diagnoses include: anxiety disorder not otherwise specified and depressive disorder not otherwise specified. An agreed medical re-evaluation from April 30, 2014 stated that she is depressed and recommendation psychiatrist treatment. A progress note from October 6, 2014 indicates she is scheduled for surgery and reports feeling sad, irritable, sensitive and nervous with frequent crying and difficulty with motivation and sleep. It was noted that the patient has received 48 sessions of group therapy which she reported has been very helpful with her social functioning and anxiety. She is taking Prozac and Trazodone. According to the utilization review rationale for "psychiatric treatment as indicated by psychiatrist", UR stated that insufficient documentation for establishing medical necessity. With regards to relaxation training/hypnosis UR noted that the patient has been receiving group-based hypnotherapy and relaxation sessions is a part of her ongoing treatment and that there was no indication that separate dedicated sessions for this treatment modality is necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment as indicated by psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Topics: ACOEM Chapter 7-Independent Medical Examinations and Consultations (pp 127, 156), Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia are referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. With regards to this requested treatment, the patient has been prescribed Prozac and Trazodone and reports good benefit from them. Her psychiatric/psychological symptomology is described as depression and anxiety. The degree of her psychiatric symptomology was not described as severe or characterized by complex comorbid psychiatric illness. Her presentation suggests she is suffering from routine psychiatric conditions that can be monitored and treated pharmacologically by her primary care physician and does not reflect a degree of complexity that would necessitate referral to a psychiatrist. In addition, the request is unspecified in terms of the duration and quantity of treatment. Open ended psychiatric treatment is not indicated is medically necessary for this patient. Because the medical necessity of the requested treatment is not been established, the utilization review determination is upheld. The request is considered not medically necessary.

Relaxation training/hypnotherapy, one session per week for six 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), Stress and Mental Illness Chapter, Hypnosis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Hypnosis, November 2014 Update.

Decision rationale: The 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. With respect to the for 6 sessions, it appears that the patient is already received at least 48 sessions that were provided to her in a group format within the context of her cognitive behavioral therapy program. There was no discussion of prior treatment efficacy or outcome in terms of objective functional improvements. There was no discussion of this treatment modality in terms of her progress and ability to relax on her own independently. There was no treatment goals discussing home/individual training, there is no indication of how deep of relaxation state she's been able to achieve or if the state of relaxation, if any, resulted in improvements in her functional capacity. The medical necessity of additional treatments was not established and therefore the utilization review determination is upheld. The request is deemed not medically necessary.