MAXIMUS Federal Services

Case Number:	CM14-0020666		
Date Assigned:	04/30/2014	Date of Injury:	03/28/2012
Decision Date:	09/22/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 Psychiatry 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:

The patient is a 60-year-old female who has submitted a claim for mild major depressive disorder, generalized anxiety disorder, PTSD secondary to work, and insomnia associated with an industrial injury date of March 28, 2012. Medical records from October 30, 2013 up to February 12, 2014 were reviewed showing that the patient developed symptoms of anxiety and depression including social isolation, poor energy, weight changes, difficulty concentrating, flashbacks, nightmares, and irritability. Treatment to date has included Lyrica, Norco, Ambien, Xanax, Zoloft, lisinopril, metformin, and aspirin. Utilization review from February 10, 2014 denied the request for group psychotherapy sessions x 11, medical hypnotherapy/relaxation techniques x11, and modified the request for psychotherapy sessions x11 to x4. Regarding the request for psychotherapy sessions, only 4 sessions will be initially authorized as per MTUS. Regarding the request for group psychotherapy sessions, the ODG only recommends group therapy for PTSD patients. Regarding the request for medical hypnotherapy/relaxation techniques, the patient should first complete the trial for 4 psychotherapy sessions. Upon completion, the need for further service may be reassessed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY SESSIONS X11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Behavioral Interventions, page (s) 23 Page(s): 23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 23 states that an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient was diagnosed with depression, anxiety, PTSD, and insomnia. Psychotherapy seems beneficial. However, as per the guidelines, an initial trial of 3-4 psychotherapy sessions over 2 weeks is recommended. Therefore the request for PSYCHOTHERAPY SESSIONS X11 is not medically necessary.

GROUP PSYCHOTHERAPY SESSIONS X 11: 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 COGNITIVE BEHAVIORAL THERAPY- GROUP THERAPY, ODG, MENTAL HEALTH & STRESS CHAPTER, GROUP THERAPY.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Health and Stress, Group therapy.

Decision rationale: CA MTUS does not specifically address group psychotherapy. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. As per ODG, group therapy should be considered for patients with PTSD. It is recommended as an option. Group therapy should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD, current findings do not favor any particular type of group therapy over other types. In this case, the patient was diagnosed with PTSD secondary to her work as seen on PR dated 10/30/13. While group therapy seems beneficial, the patient will undergo 4 sessions of psychotherapy. Upon completion, the need for further service may be reassessed. Therefore the request for GROUP PSYCHOTHERAPY SESSIONS X 11 is not medically necessary.

MEDICAL HYPNOTHERAPY/RELAXATION TECHNIQUES X11: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hypnosis.

Decision rationale: CA MTUS does not specifically address hypnosis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of

Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. In this case, the patient will undergo 4 sessions of psychotherapy. Upon completion, the need for further service may be reassessed. There was no discussion as to why adjuvant hypnotherapy is needed in this case. Moreover, the present request for 11 sessions exceeded guideline recommendation of initial trial of 4 visits. Therefore, the request for MEDICAL HYPNOTHERAPY/ RELAXATION TECHNIQUES X11 is not medically necessary.