

Case Number:	CM13-0067476		
Date Assigned:	04/02/2015	Date of Injury:	11/28/2012
Decision Date:	05/01/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 30 year old male, who sustained an industrial injury on 11/28/12. The mechanism of injury was not noted. The diagnoses have included major depressive disorder, anxiety and insomnia. Treatment to date has included medications, hypnotherapy 12 sessions, and activity modifications. Currently, as per the physician progress note dated 9/27/13, the injured worker continues to feel sad when he thinks about his physical condition and future. He states that his emotional condition has improved with psychotherapy and relaxation training. It was noted that he felt discouraged and worried about supporting himself and his family. He also reports sleep disturbances due to pain. He also complains of persistent pain that affects his activities of daily living (ADL's). It was noted that the injured worker felt lonely at times and socially withdrawn. Physical exam revealed sad and anxious mood, apprehensive, appears tired and bodily tension was noted. The physician noted that he reported persistent symptoms of anxiety, depression and insomnia for which he is in need of continued treatment and the injured worker reports mood was improved with group psychotherapy and decreased levels of stress with relaxation training. The current medications were not noted. The physician requested treatments included Medical Hypnotherapy 1 times per week for 6 weeks and Group Medical Psychotherapy 1 times per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy 1 times per week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Hypnotherapy Guidelines; Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: hypnosis. March 2015 update.

Decision rationale: 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. And 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. According to the utilization review determination for non-certification the patient received 14 visits and demonstrated objective functional improvement as a result of the sessions there is also a notation that the claimant is doing relaxation sessions at home. The utilization review decision was to allow for 2 additional sessions and then the patient could continue independently. According to the official disability guidelines, the patient can be offered a typical course of treatment that is consistent with quantity of sessions being provided for psychotherapy. That the total number of sessions provided should be contained within the total quantity of psychological psychotherapy sessions, with evidence of objective functional improvement, a total of up to 13 to 20 visits over a 13 to 20 visit week period of individual sessions may be offered. Continued psychological treatment is contingent upon all 3 of the following being documented: continued patient psychological symptomology at a significant enough level to warrant continued psychological treatment, total quantity of sessions not exceeding guideline recommended maximum, and evidence of objective functional improvement based on prior treatment sessions including progress being made in treatment. 6 additional sessions would bring the total to 20, and because this is the maximum recommended amount at this juncture after completion of 6 additional sessions treatment discharge should be encouraged with no further sessions offered unless extraordinary circumstances would make them ethically necessary. Because of all 3 of the conditions for medical necessity were evidenced sufficiently, the request for this treatment meets the criteria for medical necessity and the request to overturn the utilization review certification is medically necessary.

Group Medical Psychotherapy 1 times per week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral therapy (CBT) Guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. According to the utilization review determination for non-certification the patient received 14 visits and demonstrated objective functional improvement as a result of prior treatment. According to the official disability guidelines, the patient can be offered a typical course of treatment that is consistent with quantity of sessions being provided for psychotherapy. That the total number of sessions provided should be contained within the total quantity of psychological psychotherapy sessions, with evidence of objective functional improvement, a total of up to 13 to 20 visits over a 13 to 20 visit week period of individual sessions may be offered. The provided treatment notes reflect that the patient has been participating in psychological treatment including "Group Medical Psychotherapy" and has been benefiting with the following improvements noted in: mood, improved emotional condition with treatment, "Improved ability to manage symptoms with treatment and that additional treatment one time a week would be used to help cope with physical condition, levels of pain, and emotional symptoms for 6 weeks." Continued psychological treatment is contingent upon all 3 of the following being documented: continued patient psychological symptomology at a significant enough level to warrant continued psychological treatment, total quantity of sessions not exceeding guideline recommended maximum, and evidence of objective functional improvement based on prior treatment sessions including progress being made in treatment. 6 additional sessions would bring the total to 20, and because this is the maximum recommended amount at this juncture after completion of 6 additional sessions treatment discharge should be encouraged with no further sessions offered unless extraordinary circumstances would make them ethically necessary. Because of all 3 of the conditions for medical necessity were evidenced sufficiently, the request for this treatment meets the criteria for medical necessity and the request to overturn the utilization review and the request is medically necessary.