MAXIMUS Federal Services

Case Number:	CM14-0213540		
Date Assigned:	12/31/2014	Date of Injury:	02/04/2010
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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:

According to the provided records, this patient is a year old female who reported a work-related injury that occurred on February 4, 2010 in the course of her employment for [redacted]. The mechanism of injury includes cumulative repetitive motion that occurred while working in the kitchen preparing pizzas, washing dishes, cleaning, taking orders and doing cashier work as well as some delivery over an 8 year period. In addition, a specific injury occurred when she was involved in an industrial accident while delivering pizza she fell onto the right side of her body on the cement floor after twisting her foot losing her balance resulting in intense pain in her right hand, right arm, right shoulder, and neck. She also experience pain and swelling in her left foot and ankle. This IMR will focus on the patients psychological status as it relates to the requested treatments. A comprehensive psychological evaluation was conducted on January 21, 2014. It was concluded that the patient had pre-existing and non-industrial psychological symptoms that were exacerbated as a consequence of the chronic pain and physical limitations related to the cumulative 2/28/2002-12/27/2010, and specific 2/4/2010 orthopedic injuries. She has been diagnosed with the following psychological conditions: Major Depressive Disorder, Single Episode, Mild; Generalized Anxiety Disorder; Insomnia Related to Generalized Anxiety Disorder and Chronic Pain; and Psychological Factors Affecting Medical Condition, Gastrointestinal Disturbance, Headache. A psychological report states that she has shown improvement in psychological symptoms since treating in his office but continues to report symptoms of depression and anxiety. There was no detailed information regarding these improvements or any objectively measured data to substantiate the statement. She reports

feelings of sadness, helpless and hopelessness and has lost confidence in herself and feels lonely afraid, angry, and irritable. She reports it being difficult to remember things and has lost interest in her appearance and shows less motivation and interest in activities and she used to. She reports crying spells and has urges to break things. There are difficulties with sleeping and nervousness. There is a prior work-related injury to her low back that resulted in a workers compensation claim and legal representation. Workplace interpersonal difficulties are detailed extensively in the psychological report. Prior psychological treatment as a result of workplace injuries date back to 2005. There is an alternative and disputed psychological diagnosis of: Adjustment Disorder with Depressed Mood, very mild at this point. A request was made for 24 sessions of group medical psychotherapy, and a request for medical hypnotherapy/relaxation training 24 sessions was also made, both requests were non-certified by utilization review without modification. This IMR will address a request to overturn these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 1 time per week times 6 months (24 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 (ODG), Mental Illness and Stress Chapter, Group Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines; psycho. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Group Therapy. See Also Cognitive Behavioral Therapy. December 2014 update

Decision rationale: The MTUS guidelines are silent on the use of medical group psychotherapy. Official Disability Guidelines state that group therapy is recommended as an option. Group therapy should provide a supportive environment in which a patient with posttraumatic 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 others. According to the MTUS, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain An initial treatment trial is recommend 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 ODG allows a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made.With regards to the request for 24 sessions of group medical psychotherapy, the documentation provided for this IMR does not support the requested treatment. There is no current updated information regarding the patient's psychological symptomology. The most recent information is from January 2014. There is no reflection of how much prior psychological treatment the patient is already received. Current guidelines for psychotherapy suggest recommended 13-20 visits over a 7 to 20 week period of individual sessions if progress is being made. Without knowing how many sessions she has already received, it is not possible to

determine whether or not she is already had the maximum amount. The patient does not appear to have symptoms of PTSD based on her diagnosis. There were no prior psychotherapy progress notes or treatment summaries provided for consideration for this review. It is unclear if she has had prior group psychotherapy or not but it appears so. The request for 24 sessions exceeds guidelines in terms of quantity. Because there is no evidence of prior benefit from psychological treatment that is detailed, there is no current list of patient's symptomology, there is no active treatment plan to detail what the sessions would be attempting to achieve, and because the request is excessive in terms of guidelines, the request is not medically necessary.

Medical Hypnotherapy/Relaxation, 1 time per week times 6 months (24 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 (ODG), Mental Illness and Stress Chapter, Hypnosis

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

Decision rationale: The CA MTUS guidelines are nonspecific for hypnosis; however, ODG 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 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.Regarding this request for 24 sessions of medical hypnotherapy, the medical necessity of the request is not supported by the documentation provided. There was no rationale stated for the request. Per ODG, hypnosis is described as being recommended as a procedure for patients with PTSD. There is no indication that this patient has PTSD. The quantity of sessions being requested exceeds guidelines for general psychotherapy and it is noted that when hypnosis is indicated, that the total number of sessions should be contained within the number of sessions of psychotherapy. No information was provided with regards to prior treatments that the patient has already had. It does appear that the patient is already been treated by the requesting provider, but there was no indication for how long and whether or not she had sessions of medical hypnotherapy provided to her at that time and if so what the outcome was and how many sessions were offered. The request is not medically necessary.