

Case Number:	CM15-0017951		
Date Assigned:	02/05/2015	Date of Injury:	01/15/2009
Decision Date:	03/20/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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 52-year-old male who sustained an industrial related injury on 1/15/09 after a fall. The injured worker had complaints of headaches, pain in the right leg, and pain in the right knee. Feelings of sadness, helplessness, and hopelessness were also noted. Diagnoses included major depressive disorder: single episode, mild generalized anxiety disorder, sleep disorder due to chronic pain, insomnia, and headaches. Treatment included cognitive-behavioral and supportive group psychotherapy, training in relaxation, breathing techniques, and hypnotherapy. The injured worker was prescribed psychotropic medications. The treating physician requested authorization for 12 medical hypnotherapy/relaxation sessions and 12 group medical psychotherapy sessions. On 1/20/15, the requests were non-certified. The utilization review physician cited the Official Disability Guidelines and noted the injured worker was had 4 individual psychotherapy sessions but no detailed documentation was provided of the response. Therefore, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 12 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

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 co-morbid 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 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. 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. The patient has had an unknown quantity of psychological treatment already provided to him. Is unclear when the patient began his psychological treatment; however, it appears likely that he has been receiving psychological care for many years. In May 2011, he was first evaluated from a psychological perspective by the current treating psychologist and it appears that he started the current course of treatment sometime in September 2011. Treatment appears to have continued on a regular basis throughout 2014 reflecting of total course of treatment of 3 years duration at a minimum. The official disability guidelines state that a course of treatment consisting of 13 to 20 sessions maximum is sufficient for most patients. Although there is a exception that can be made in cases of very severe major depressive disorder or PTSD up to 50 sessions with documentation of patient benefit, as best as could be determined the patient has already received more than the maximum amount normally reserved for only the most severe cases of psychiatric symptomology. Because this request exceeds guidelines for treatment duration and quantity the medical necessity is not established on this basis; therefore the utilization review determination for non-certification is upheld.

Medical hypnotherapy/relaxation 12 sessions: 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): 400: Relaxation Techniques. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: Hypnosis

Decision rationale: Citation: 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. The ACOEM discusses the use of relaxation therapy: The goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic (autonomic and neuroendocrine) and cognitive functions in response to stressors. Using these techniques can be preventative or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiological responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modified the manifestation of daily, continuous stress. The main disadvantage is that formal training, at a cost is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. The medical necessity of this request was not established by the documentation provided for consideration for this review. Continued psychological treatment is contingent upon the quantity of sessions conforming with MTUS/ODG guidelines for psychological treatment. The official disability guidelines recommend a course of treatment of 13 to 20 sessions for most patients. In some cases an exception can be made up to 50 sessions depending on psychiatric symptomology and severity. The total duration of treatment the patient has received was not specified but was estimated at 3 years. Because the medical necessity of this request is not established due to exceeding treatment duration, insufficient documentation patient benefit, additional sessions are not warranted or deemed medically necessary.