

Case Number:	CM15-0114291		
Date Assigned:	06/22/2015	Date of Injury:	02/13/2010
Decision Date:	07/21/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/12/2015

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 41-year-old male, who sustained an industrial injury on 2/13/10. He reported a pull sensation in his left groin area and low back. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder, breathing-related sleep disorder, sleep apnea, and stress related physiological response affecting headaches and gastrointestinal disturbances. Treatment to date has included psychotherapy. Currently, the injured worker complains of anxiety, depression, difficulty with sleep, and feelings of sadness, tiredness, helplessness, hopelessness, loneliness, anger, irritability, and fear. The treating physician requested authorization for group medical psychotherapy x 24 sessions and medical hypnotherapy/relaxation 24-32 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy, 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: Mental Illness & Stress - Group therapy.

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. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The request is not medically necessary per the provided documentation. The request itself exceeds treatment guidelines in session quantity. The MTUS guidelines recommend a psychological course of treatment consisting of 6 to 10 sessions total. The official disability guidelines are slightly more generous and allow for a psychological treatment consist of 13 to 20 sessions maximum for most patients: contingent upon continued establishment of medical necessity based on patient improvement and progress in treatment including objectively measured functional gains. This request for 24 sessions exceeds the maximum recommended official disability treatment guidelines. It also does not account for the ongoing need for assessment the patient benefit and progress in treatment. Because the request is excessive in quantity does not meet the MTUS/official disability guidelines and therefore the medical necessity is not established in the utilization review determination is upheld.

Medical Hypnotherapy/Relaxation Tra, 24-32 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Hypnosis.

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. In addition, 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 request is not medically necessary per the provided documentation. The request itself exceeds treatment guidelines in session quantity. The MTUS guidelines recommend a psychological course of treatment consisting of 6 to 10 sessions total. The official disability guidelines are slightly more generous and allow for a psychological treatment consist of 13 to 20 sessions maximum for most patients: contingent upon continued establishment of medical necessity based on patient improvement and progress in treatment including objectively measured functional gains. This request for 24-32 sessions exceeds the maximum recommended official disability treatment guidelines. Because the request is excessive in quantity does not meet the MTUS/official disability guidelines and therefore the medical necessity is not established in the utilization review determination is upheld.