MAXIMUS Federal Services

Case Number:	CM15-0176127		
Date Assigned:	09/17/2015	Date of Injury:	12/03/2004
Decision Date:	10/26/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/08/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62 year old female who sustained an industrial injury on 12/03/2004. She was involved in a motor vehicle accident in which she T-boned the other car, sustaining injuries to the neck, back, and left knee. She subsequently developed PTSD and saw Nelson Flores PhD for psychotherapy from 2008-2014, without evidence of significant improvement. She suffers from ongoing left leg, low back, and neck pain with leg weakness and headaches. On 07/15/15, she reported increased back and leg pain and indicated that Nucynta provided some pain improvement. Her diagnoses were chronic cervical sprain/strain, lumbar sprain/strain, and sacroiliac sprain/strain. She was on Zanaflex, Celebrex, and Tramadol. In a psychotherapy note of 08/13/2015 the patient complained of increased anxiousness and being excessively worried, shaky, unsteady, and having difficulty sleeping due to unbearable pain. Objective findings were noted as sad, tired, anxious, restless and difficulty concentrating. She was preoccupied with her physical and emotional condition. She reported thoughts of death and suicidal ideation but denied plan or intent. These subjective and objective reporting's were essentially unchanged in notes reviewed from 2013 to 08/13/15. Improved mood is a goal which has been met, however the long list of other goals have not and symptoms of anxiety, worry, sadness, sleep difficulty, and helplessness remain. Current medication regimen was not noted on medical record 08-13- 2015. There is no mention of a psychiatric evaluation for medications, and no list of current medications was provided. UR of 09/02/2015 noncertified request for cognitive behavioral group psychotherapy session x 6, relaxation training-hypnotherapy sessions and cognitive behavioral individual psychotherapy sessions QTY 4.0, citing treatment having been provided for well beyond guidelines (at least 6 years for an over 10 year old injury) without significant improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy sessions QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA-MTUS is silent regarding cognitive behavioral group psychotherapy. Mental Illness & Stress, Group therapy.

Decision rationale: Group therapy is recommended as an option and should provide a supportive environment for patients with PTSD. However, this patient has received psychological treatment from 2008 to present without evidence of objective functional improvement, which clearly exceeds ODG guidelines. This request is not medically necessary.

Relaxation training/hypnotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CA-MTUS is silent regarding relaxation training/hypnotherapy sessions. Mental Illness & Stress, Hypnotherapy.

Decision rationale: Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of PTSD and may be used to alleviate PTSD symptoms. The number of visits should be contained within the total number of psychotherapy visits. The patient has received psychological services since 2004 and has well exceeded guidelines without evidence of improvement, and psychotherapy has been noncertified. This request is not medically necessary.

Cognitive behavioral individual psychotherapy sessions QTY 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Psychological intervention is recommended during treatment for chronic pain and has shown efficacy on both pain management and comorbid mood disorders. MTUS guidelines recommend an initial trial of 3-4 visits to determine objective functional improvement. Steps include identification of concerns, interventions emphasizing self-management, and continued assessment of goals with potential further treatment options should they be required. ODG Psychotherapy Guidelines are up to 50 visits in cases of severe major depression or PTSD. This injured worker has received psychological treatment since 2004, which well exceeds guidelines, with no evidence of having developed coping mechanisms or other objective functional improvement. This request is not medically necessary.