

Case Number:	CM15-0078190		
Date Assigned:	04/29/2015	Date of Injury:	01/20/2014
Decision Date:	05/28/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/23/2015

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 44-year-old male, who sustained an industrial injury on 1/20/14. The injured worker has complaints of sad, irritable, less energy, socially withdrawn, crying episodes, appetite changes, pessimistic, sensitive/emotional, nervous, difficulty concentrating, restless, tense, dizziness, apprehensive, excessive worry, nightmares/distressing dreams, sleep difficulties a, headaches and chronic pain. Examination noted depressed affect, memory difficulties, preoccupied with physical limitations and pain, anxious and sad mood, nervousness, bodily tension, restlessness and apprehensive. The diagnoses have included depressive disorder not otherwise specified; generalized anxiety disorder; insomnia related to generalized anxiety disorder and chronic pain and stress-related physiological response affecting headaches. Treatment to date has included cognitive behavioral group psychotherapy; magnetic resonance imaging (MRI); injections and X-rays. The request was for psychotherapy, other group medical, 6 sessions; office visit, 4 visits an relaxation/hypnotherapy, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy - Other Group Medical, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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): 101-102:23-24.

Decision rationale: ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update Citation Summary: 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. Decision: 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 session including objectively measured functional improvement. In a letter from 5/5/2015 provided by the requesting provider's office, MPN coordinator, It is noted that the patient has only attended one cognitive behavioral group psychotherapy session. The provided medical records reflect that the patient has been properly assessed with a psychological evaluation and has been seen for one visit on an individual basis with significant symptoms of depression and anxiety as well as poor sleep and functional limitations as a result of his industrial injury. As best as could be determined the patient has not as of yet received any psychological treatment of significance for this injury. A progress note from March 30, 2015 from the patient's primary treating physician indicates that the patient is still waiting to start treatment. The utilization review rationale for non-certification was not found in the provided medical records. A careful review of the medical records reflects that this request appears to be appropriate and medically necessary request and therefore the utilization review finding of non-certification is overturned.

Office visit, 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: Citation summary: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. This treatment modality is viewed as redundant to the request for CBT. The assessment and follow-up work that is essential to good psychological practice should be provided and included the CBT sessions and not as a distinct intervention. Therefore, the medical necessity of this request is not established and therefore the UR decision for non-certification is upheld.

Relaxation/Hypnotherapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Topic: Hypnosis. March 2015 update.

Decision rationale: Citation Summary: 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. Decision: This is a request to

start the new course of psychological treatment. The request for this treatment modality came along with the request for group medical psychotherapy and office visits. The request for a separate intervention for hypnosis and relaxation therapy is viewed as redundant as this treatment method is provided at a normal part of CBT, which has been authorized (see above decision on group CBT). The provided rationale for this request as a separate treatment modality is not clearly provided medical records. In addition, it is not made clear if this is provided in a group format or individually. Because of these reasons the medical necessity of this request is not established and therefore the UR decision for non-certification is upheld.