

<b>Case Number:</b>	CM13-0022683		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	06/19/2008
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 62 year-old male with a date of injury of 6/19/08. According to the medical records provided for review, the claimant sustained a work-related injury when he slipped and fell about 3 feet to the ground while working as a machinist, injuring his left shoulder, hip, thigh, and lower back. According to [REDACTED] report dated 7/3/13, the claimant has also developed psychiatric symptoms as a result of his injury and is diagnosed with (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder due to chronic pain; (3) Breathing-related sleep disorder, sleep apnea; and (4) Stress-related physiological response affecting gastrointestinal disturbances.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A series of 48 Cognitive behavioral group psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, and the Official Disability Guidelines.

**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.

**Decision rationale:** According to the Official Disability Guidelines, an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits (individual sessions)" may be needed. Although this guideline references individual therapy for the treatment of depression, there are no current guidelines for the use of cognitive behavioral group psychotherapy for the treatment of depression. The request for 48 cognitive behavioral group psychotherapy sessions exceeds the recommendations outlined in the Official Disability Guidelines. The request for a series of 48 cognitive behavioral group psychotherapy sessions is not medically necessary and appropriate.

**A series of 48 Hypnotherapy/relaxation training sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, and the Official Disability Guidelines.

**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.

**Decision rationale:** The Official Disability Guidelines regarding the use of hypnosis in treatment refers to the treatment of PTSD. Additionally, it suggests that the "number of visits should be contained within the total number of psychotherapy visits". The claimant has not been authorized to receive 48 psychotherapy visits; therefore, there are no corresponding psychotherapy visits to this request. Based on the guidelines cited above, the request for 48 hypnotherapy/relaxation training sessions is not medically necessary and appropriate.

**Psychiatric evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, and the Official Disability Guidelines.

**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.

**Decision rationale:** Based on a report of occupational injury and initial psychological evaluation dated 7/3/13, the claimant appears to be in need of psychological services and would benefit from a psychiatric evaluation for medications. Thus, the request for a psychiatric evaluation is medically necessary and appropriate.