

Case Number:	CM13-0023879		
Date Assigned:	11/15/2013	Date of Injury:	05/18/2011
Decision Date:	01/24/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/12/2013

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 Psychologist 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:

According to the available medical records, the patient is a 62-year-old individual who sustained an unspecified injury on October 05, 2009. In the report dated July 02, 2013, [REDACTED] indicates that the patient had psychiatric complaints of anxiety, depression, diminished energy, sleep disturbance, irritability, and panic attacks. The patient received a score of 15 on the Beck Depression Inventory and a score of 25 on the Beck Anxiety Inventory. The patient was noted to have additional complaints of increasing stress at work from the same supervisor. There were no other reported subjective complaints or objective findings. The patient was diagnosed with Anxiety Disorder Not Otherwise Specified. Current drug regimen was reported to be Clonazepam PRN for anxiety. The treatment plan documented was for continued medical management every three months. The patient was on temporary total disability from June 24, 2013 with a return to work on July 08, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior psychotherapy once a week for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy (CBT).

Decision rationale: There is no evidence of an initial trial of cognitive behavioral therapy with evidence of objective functional improvement. Additionally, the requested number of cognitive behavior psychotherapy sessions exceeds the maximum number of treatment visits recommended in the Official Disability Guidelines (ODG). The request for cognitive behavior psychotherapy once a week for six months is not medically necessary and appropriate.

Hypnotherapy training once a week for six months for pain control: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pgs. 1062-1067 and the Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: There is no reported mechanism of injury for this patient and no indication in the medical records that the patient was experiencing any acute or chronic pain. The request for hypnotherapy training once a week for six weeks is not medically necessary and appropriate.