

<b>Case Number:</b>	CM13-0024384		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	10/04/2011
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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 Psychiatry and Neurology 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 patient is a 53 year old female with date of injury 10/04/2013. The date of UR decision was 08/14/2013. The mechanism of injury is cumulative trauma from working as a cashier. The current diagnoses are cervical disc degeneration and cervical spondylosis. Progress report from 12/19/2012 states that the injured worker has "anxiousness, depressed mood and trouble falling asleep". She started receiving psychotherapy from a psychologist in May 2013 and was referred to a psychiatrist who prescribed bupropion 150 mg and trazodone 100 mg for her psychiatric symptoms. She has been diagnosed with major depressive disorder, single episode, mild and anxiety ds NOS in psychological report dated 05/05/2013. The injured worker reports difficulties with concentration, memory, sleep and mood, however her mood is stable on medications. According to the AME report on 09/23/2013, injured worker to be "considered permanent and stationary, in as much as she is maximally medically improved from psychiatric treatment but I believe psychiatric medication should be continued for a length of 12 months". She has received unknown sessions of hypnotherapy, group psychotherapy, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Pharmacological Management sessions for depression:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness, Office visits Stress related conditions

**Decision rationale:** According to CA MTUS guidelines" Frequency of follow-up 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 visits 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 midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns." ODG states "Office visits: Recommended as determined to be medically necessary." The request does not specify the number of psychiatric pharmacological sessions requested, the frequency of visits and the goals for treatment. Medical necessity cannot be affirmed because of incomplete information.

**Medical Hypnotherapy for Unspecified Frequency and Duration for Depression and Anxiety:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain(Chronic).

**Decision rationale:** The request is very vague regarding the number of sessions requested, the frequency of treatment, goals from hypnotherapy for the injured worker. Further information is needed to affirm medical necessity.