

<b>Case Number:</b>	CM13-0026182		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/13/2010
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. The expert reviewer is licensed 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 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/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 57 year-old female (DOB 12/17/56) with a date of injury of 2/13/10. According to reports, the claimant sustained injuries to her neck, shoulder, and back when she was moving heavy boxes while employed at [REDACTED]. According to the orthopedic supplemental note from [REDACTED], dated 11/18/13, the claimant presents with the following diagnostic impressions: (1) right thoracic outlet syndrome; and (2) reports of major depressive disorder with anxiety. In his QME report dated 8/28/13, [REDACTED] diagnosed the claimant with: (1) status post thoracic outlet syndrome right upper extremity status post-surgical release; and (2) low back pain with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**office visit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**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 Chapter

**Decision rationale:** Although the Official Disability Guidelines recommend office visits when they are determined to be medically necessary, the psychological records provided for review are insufficient to determine medical necessity. There is only one note provided by [REDACTED] and it does not offer enough relevant information to make a determination. As a result, the request for an "office visit" is not medically necessary.

**group medical psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines

**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 Chapter

**Decision rationale:** The request for "group medical psychotherapy" is extremely vague and does not provide enough information regarding the number of sessions requested or the modality to be used. Despite the ambiguity of the request, the psychological records provided for review are insufficient to determine the medical necessity for group medical psychotherapy. There is only one note provided by [REDACTED] and it does not offer enough relevant information to make a determination. As a result, the request for "group medical psychotherapy" is not medically necessary.

**6 hypnotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypnotherapy for the Management of Chronic Pain, Gary Elkins, 1 Mark P. Jensen, and David R Patterson

**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 Chapter

**Decision rationale:** The psychological records provided for review are insufficient to determine the medical necessity for hypnotherapy sessions. There is only one note provided by [REDACTED] and it does not offer enough relevant information to make a determination. As a result, the request for "6 hypnotherapy sessions" is not medically necessary.