

Case Number:	CM13-0032332		
Date Assigned:	04/25/2014	Date of Injury:	06/09/2010
Decision Date:	05/22/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/07/2013

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 a Licensed 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 61 year-old male with a date of injury of 6/9/10. The claimant sustained orthopedic injuries to his neck, shoulders, and back while working as a painter for [REDACTED]. The mechanism of injury was not found within the medical records offered for review. In his dated 11/13/13, [REDACTED] diagnosed the claimant with cervical sprain/strain, chronic, with myofasciitis; right shoulder impingement; right shoulder acromioclavicular joint arthropathy; status post right shoulder arthroscopy for subacromial decompression and distal clavicle resection, 4/5/12; right shoulder full thickness rotator cuff tear vs. deep partial thickness tear, per MRI of 6/8/12; status post right shoulder revision arthroscopy, subacromial decompression, biceps tenodesis, date of surgery 2/4/13; left shoulder impingement and acromioclavicular joint arthropathy, secondary to overcompensation; status post left shoulder surgery, old, 12 years ago, non-industrial; right wrist, mild moderate right carpal tunnel syndrome, per EMG/NCS 3/21/13; right elbow, ulnar neuropathy, per EMG/NCS 3/21/13; and stress anxiety and depression. In addition, the claimant has been experiencing psychiatric symptoms secondary to his work-related orthopedic injuries. According to the "Request for Authorization" forms from [REDACTED] dated 3/19/14, the claimant is diagnosed with: major Depressive Disorder, single episode; generalized anxiety disorder; insomnia; and psychological factors affecting a general medical condition. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PSYCHOTHERAPY, INCLUDING PHARMACHOL, GROUP PSYCHOTHERAPY 1 TIMES PER WEEK (UNKNOWN DURATION): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline (ODG) regarding the cognitive treatment of depression will be used as reference for this case. The ODG recommends that for the treatment of depression an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and/or an associate in his office however, the total number of sessions to date is unknown. Other than authorization request forms and some periodic progress reports, there are no other medical records such as daily progress notes that offer up to date and relevant information about the claimant's psychotherapy services. The request for continued psychotherapy, including pharmacol is not medically necessary and appropriate.

MANAGEMENT MEDICAL HYPNOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG -HYPNOSIS

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: According to the Official Disability Guidelines (ODG) "number of visits should be contained within the total number of psychotherapy visits. Although the guidelines refers to the use of hypnosis for the treatment of PTSD, it will be generalized for the use of depression for this case. According to the ODG guidelines Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. ." The ODG also states, "...Hypnosis is not a therapy per se, but an adjunct to psychodynamic, cognitive-behavioral, or other therapies, and has been shown to enhance significantly their efficacy for a variety of clinical conditions. In the specific context of post-traumatic symptomatology, hypnotic techniques have been used for the psychological treatment of shell shock, battle fatigue, traumatic neuroses, and more recently, PTSD, and dissociative symptomatology. Hypnosis is defined by the APA as "a procedure during which a health professional or researcher suggests that a client, patient, or subject experience changes in sensations, perceptions, thought, or behavior." The hypnotic context is generally established by an induction procedure. An induction procedure typically entails instructions to disregard extraneous concerns and focus on the

experiences and behaviors that the therapist suggests or that may arise spontaneously. Most of the case studies that reported that hypnosis were useful in treating post-trauma disturbances following a variety of traumas lack methodological rigor, and therefore strong conclusions about the efficacy of hypnosis to treat PTSD cannot be drawn. ..." Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and/or an associate in his office however, the total number of sessions to date is unknown. Other than authorization request forms and some periodic progress reports, there are no other medical records such as daily progress notes that offer up to date and relevant information about the claimant's psychotherapy services, including hypnotherapy sessions. The request for management medical hypnotherapy; psychotherapy once per week (unknown duration is not medically necessary and appropriate.