

<b>Case Number:</b>	CM13-0035607		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/08/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 & Neurology, has a subspecialty in Geriatric Psychiatry, Addiction Medicine and is licensed to practice 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:

Records reviewed include 221 pages of medical and administrative records. The injured worker is a 63 year old male who's sustained an industrial injury to his left shoulder, elbow, wrist, and hand on 01/08/2010 when moving 30-40lb trash bags to an electric cart. He was treated conservatively with epidural steroid injections, medications and topical creams, with subsequent surgery for bilateral lateral epicondylitis. His diagnoses are major depressive disorder single episode mild, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, and insomnia. He has been under the care of [REDACTED], psychiatrist. Past medical history is positive for diabetes mellitus, diverticulosis, hypertension, and ethanol abuse. From records reviewed it appears that the patient has been on this medication regimen since at least July 2012. 9/14/13 Progress report, [REDACTED]: the patient had improved mood and was sleeping better. He was cooperative, engaging, affect was appropriate, speech and thought processes were normal. He remained on Wellbutrin SR 100mg at bedtime and Trazodone 25mg at bedtime. 10/4/13 Requested progress report, [REDACTED]: The patient reported improvement of sleep with sleep medication. He felt anxious, tense, irritable and angry, worried excessively about his financial circumstances. He lacked motivation and energy, and tended to socially isolate. He had difficulty concentrating, remembering things, and making decisions. He was learning to manage his anger using coping strategies. 11/2/13 progress/treatment report/request for authorization of treatment, [REDACTED]: the patient was cooperative, engaging, appropriate affect, and with normal speech. There was no evidence of suicidal or homicidal ideation, insight and judgment were fair. [REDACTED] refers to "same diagnoses" but does not elaborate further. He continued Wellbutrin SR 100mg at bedtime and

Trazodone 25mg at bedtime, and requested pharmacological management follow up, I believe, in 4-6 weeks (the note is handwritten).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Pharmacologic mgmt with minimal psychotherapy, frequency unspecified:** 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 rationale:** 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. When providing pharmacologic management there are many factors to consider that make regular monitoring of the patient's progress, or lack thereof, essential: medication dosage and efficacy, whether changes are required, if there are adverse events, potential drug interactions, changes in the patient's condition such as a new illness/injury, etc. In this case, these details are lacking in the progress notes provided, and the psychopharmacologic visits are linked with limited psychotherapy. Additionally, the number and frequency of the visits requested is unspecified. This request is therefore noncertified.

**Medical Hypnotherapy, twice monthly for 3 months:** 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) Mental Illness & Stress, summary of medical evidence, Hypnosis

**Decision rationale:** Per ODG, hypnotherapy is an effective adjunct procedure in the treatment of Post-traumatic stress disorder (PTSD) symptoms of pain, anxiety, dissociation, and nightmares. In a study testing the effect of hypnosis on irritable bowel syndrome it was found to be effective in reducing the resulting psychological distress. The request for medical hypnotherapy would generally be linked to a request for psychotherapy in a psychiatric situation, and the treatment would be rendered within that context. However, this injured worker has not been diagnosed with either PTSD or irritable bowel syndrome, therefore this request is noncertified.

