

Case Number:	CM13-0041827		
Date Assigned:	01/15/2014	Date of Injury:	04/20/2013
Decision Date:	11/25/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/16/2013

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 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 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 36 year-old male (██████████) with a date of injury of 4/20/13. The claimant sustained injury to his psyche as the result of verbal abuse and harassment that he received while working for ██████████. In his "Doctor's First Report of Occupational Injury or Illness" dated 7/12/13 and his "Psychological Consultation Report" dated 8/27/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Generalized anxiety disorder; (3) Insomnia related to generalized anxiety disorder; and (4) Stress-related physiological response affecting gastrointestinal disturbances, high blood pressure, headaches, and asthma.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT COGNITIVE BEHAVIORAL PSYCHOTHERAPY ON A WEEKLY BASIS FOR 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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 CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the limited medical records, the claimant has continued experience psychiatric symptoms and has been receiving psychotropic medications from [REDACTED] and psychotherapy services from [REDACTED] and/or his associates. Despite the fact that the claimant received follow-up psychotherapy services from September 2013 through February 2014, the request under review is based on [REDACTED]' initial recommendation for follow-up services that was discussed in his initial consultation from September 2013. The ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Given this information, the request for an initial 12 sessions exceeds the recommendation. Therefore, the request for "Outpatient Cognitive Behavioral Psychotherapy on a weekly basis for 12 sessions" is not medically necessary.

WEEKLY RELAXATION TRAINING FOR 12 SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The ACOEM guideline regarding the use of relaxation techniques and the Official Disability Guidelines regarding the use of hypnotherapy will be used as references for this case. Based on the review of the limited medical records, the claimant has continued experience psychiatric symptoms and has been receiving psychotropic medications from [REDACTED] and psychotherapy services from [REDACTED] and/or his associates. Despite the fact that the claimant received follow-up psychotherapy services from September 2013 through February 2014, the request under review is based on [REDACTED]' initial recommendation for follow-up services that was discussed in his initial consultation from September 2013. The ODG recommends the number of hypnotherapy sessions be contained within the number of psychotherapy sessions. In reference to the number of initial psychotherapy sessions, the ODG recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Given this information, the request for an initial 12 sessions of relaxation training exceeds the recommendation. Therefore, the request for "Weekly Relaxation Training for 12 sessions" is not medically necessary.