

<b>Case Number:</b>	CM13-0042493		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/08/2010
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Board 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 42 year-old female with a date of injury of 5/8/10. According to medical reports, the claimant sustained injuries to her neck and low back in addition to her psyche as the result of cumulative orthopedic trauma while working for [REDACTED]. She has received various medical treatments including physical therapy, medications, injections, chiropractic, and acupuncture. It is also reported that the claimant sustained injury to her psyche secondary to her work-related medical injuries and as a result of workplace sexual harassment. It is noted in the "Utilization Review Determination" dated 9/23/13 that [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to generalized anxiety disorder and chronic pain; and (5) Stress-related psychological factors affecting general medical condition, headaches. The claimant's psychiatric symptoms and conditions are most relevant to this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY SESSIONS:** 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:** The CA MTUS does not address the treatment of depression therefore; the Official Disability Guidelines regarding the cognitive behavioral treatment of depression will be used as reference for this case. After a thorough review of the medical records included for review, it is noted that there were no psychiatric or psychological records included. As a result, the claimant's psychiatric and psychological history is unknown and without any relevant information to review, the need for additional psychological group sessions cannot be determined. As a result, the request for "12 cognitive behavioral group psychotherapy sessions" is not medically necessary. It is noted that the claimant did receive a modified authorization for 6 sessions of cognitive behavioral group therapy sessions in response to this request.

**12 HYPNOTHERAPY AND RELAXATION SESSIONS:** 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) MENTAL ILLNESS AND STRESS CHAPTER.

**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 use of hypnotherapy therefore; the Official Disability Guidelines regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant has been struggling with chronic pain. However, there are no psychological/psychiatric records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant or to verify the services already completed. Without any relevant information to review, the need for hypnotherapy/relaxation sessions cannot be determined. As a result, the request for "12 hypnotherapy and relaxation sessions" is not medically necessary.

**PSYCHIATRIC EVALUATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS: OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS AND STRESS CHAPTER.

**Decision rationale:** The CA MTUS does not address psychiatric consults therefore, the Official Disability Guidelines regarding the use of office visits will be used as reference in this case. Based on the review of the medical records, the claimant has been struggling with chronic pain. However, there are no psychological or psychiatric records included for review to demonstrate

any psychiatric symptoms or issues experienced by the claimant. Without any relevant information to review, the need for a psychiatric consultation cannot be determined. As a result, the request for a "psychiatric consult" is not medically necessary.