MAXIMUS Federal Services

| Case Number: | CM13-0044082 | | |
|---|---|---|---|
| Date Assigned: | 12/27/2013 | Date of Injury: | 10/28/2011 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/25/2013 |

## 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 Expert Reviewer is LIsenced in Psychiatry, 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:

This is a 61 year old female who has been injured on 10-28-2011. The patient suffered a dislocation of the right ring finger. The patient has been diagnosed with PTSD as documented by the records provided. Specifically, this diagnosis of PTSD was on form DWC Form RFA (version 07/2013) dated 9-9-13 and signed by the treating physician. The patient was also diagnosed with Depressive Disorder NOS and Insomnia. Medications have included Tramadol, Mobic, Prilosec, Tylenol, Motrin and Propranolol. The issues at hand are the medical necessity of cognitive behavioral psychotherapy group sessions, 6 sessions and a Decision for medical hypnotherapy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral psychotherapy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Section on PTSD psychotherapy interventions

**Decision rationale:** The Physician Reviewer's decision rationale: In this case, the patient has had PTSD (post-traumatic stress disorder) diagnosed. Specifically, this diagnosis of PTSD was on Form DWC, Form RFA (version 07/2013) dated 9-9-13 and signed by the treating physician. The records provided indicate that even by March 2013, the patient already had a strong positive track record with psychotherapy. Given that she has had trial of psychotherapy, and given that the guidelines allow a great deal of extra therapy for those diagnosed with PTSD, another trial is recommended by the guidelines. The request for cognitive behavioral psychotherapy is medically necessary and appropriate.

**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

**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, section on hypnosis

**Decision rationale:** The Physician Reviewer's decision rationale: As stated in the ODG, hypnosis can be especially helpful for those diagnosed with PTSD such as this patient. The problem here is not that the hypnotherapy wouldn't be great; the problem is there is not limit to treatment requested. The exact wording of the request was "Decision for medical hypnotherapy". As is evident, there is not endpoint to this request. It is, in effect, a request for unlimited medical hypnotherapy into perpetuity. This would exceed guideline limits. The request for medical hypnotherapy is not medically necessary or appropriate.