

<b>Case Number:</b>	CM13-0045628		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Certified in Psychology and is licensed to practice in Utah. 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 55-year-old male with a 7/28/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 10/28/13, the patient complained of feeling stressed and had difficulty controlling his emotions, was socially withdrawn, and had difficulty communicating. He reported feeling sad, tired, irritable, lack of energy, fearful, nervous, and restless. He experienced anxiety and depression. A supplemental report dated 9/19/13 noted that the patient has significantly benefitted with the psychotherapy and psychiatric treatment he has received. Objective findings: sad, dysphoric and anxious mood, restless, nervous and apprehensive. Diagnostic impression: depressive disorder, anxiety disorder, insomnia. Treatment to date: medication management, activity modification. A UR decision dated 11/4/13 denied the requests for cognitive behavioral group psychotherapy and hypnotherapy. Regarding cognitive behavioral therapy, in this case, the documentation does not reveal the number of prior psychotherapy sessions or document the claimant's response to each. Regarding hypnotherapy, the claimant is not diagnosed with PTSD. Documentation does not discuss the reasoning for the necessity of this modality for the claimant's condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY 1 TIME PER WEEK FOR 12 SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits. It is noted that the patient has had previous psychotherapy sessions. However, the total number of sessions completed was not provided. There is no documentation of functional gains in the reports provided for review. In addition, this is a request for 12 sessions, which exceed guideline recommendations. Therefore, the request for Cognitive Behavioral Group Psychotherapy 1 Time Per Week For 12 Sessions was not medically necessary.

**HYPNOTHERAPY RELAXATION 1 TIME PER WEEK FOR 12 SESSIONS:** 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) Pain Chapter

**Decision rationale:** CA MTUS does not address this issue. ODG states that hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. ODG Hypnotherapy Guidelines: - Initial trial of 4 visits over 2 weeks - With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). There is no documentation that the hypnotherapy requested would be performed by a provider with proven outcomes. In addition, this is a request for 12 sessions, which exceeds guideline recommendations. Therefore, the request for Hypnotherapy Relaxation 1 Time Per Week For 12 Sessions was not medically necessary.