

<b>Case Number:</b>	CM13-0046521		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/12/1961
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 52 year old female who sustained an injury in October of 2006. She has been seeing a psychiatrist and a psychologist for a few years. Apparently her diagnosis is major depressive disorder. She has been in Wellbutrin and Remeron. A GAF score of 70 has been noted. Among the reported symptoms are anxiety, restlessness, and bodily tension. Details of her past treatment were not submitted for review but the most recent clinical information available from September of last year indicated that she was alert, cooperative, engaging and euthymic. Ambien was started due to come complaints of sleep problems. Coverage is sought for an additional office visit, 6 sessions of biofeedback, six sessions of Hypnotherapy and 6 sessions of group therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up Office Visit.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, page (s) 105-127. Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions And Treatments Page(s): 27.

**Decision rationale:** The patient has been in treatment since 2007. Although it is not clear how many sessions she has had, Chronic Pain MTUS indicate an Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 individual sessions visits over 5-6 weeks. It is clear that the patient has had far more treatment than indicated and her GAF score and most recent mental status exam show no indication of functional compromise warranting further intervention. The sleeping medication could be prescribed by a PCP and does not require a psychiatric specialist.

**Six Sessions of of Biofeedback:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, page (s) 105-127.Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions And Treatments..

**Decision rationale:** MTUS Guidelines indicate a biofeedback referral in conjunction with CBT after 4 weeks Initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. This patient has been in treatment for many years and it is not clear why biofeedback is needed at this time instead of in closer proximity to the injury as noted above. Medical necessity for the requested treatment therefore is not apparent based on the data submitted for review.

**Six Sessions of Hypnotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, page (s) 105-127.Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Diagnostic And Statistical Manual 5th Edition (Dsmv) May 2013.

**Decision rationale:** The writer was not able to find an evidence based indication for hypnotherapy for the patient's condition. Overall there is no indication in the materials submitted as to why the patient requires this or any other continued psychiatric intervention. Her mental status was essentially normal and her GAF score indicates only mild functional impairment per the DSM 4. No specific target symptoms were identified warranting this intervention. The data reviewed in sum do not support Hypnotherapy as being medically necessary.

**Six Sessions of Group Psychotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Treatment Guidelines, page (s) 105-127.Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Practice Guideline For Treatment Of Patients With Major Depressive Disorder 3rd Ed. 10/1/2010.

**Decision rationale:** The MTUS, ACOEM and ODG are silent in regards to group therapy. As noted above continued specialty intervention is not supported by the data submitted for review. The APA Practice Guidelines cited above indicate that "group psychotherapy is widely practiced, but research on its application to major depressive disorder is limited". Given the lack of evidence of significant compromise in functioning or evidence of an indication for this modality in the face of lack of evidence supporting its efficacy, group therapy cannot be considered as medically necessary.