

Case Number:	CM13-0051727		
Date Assigned:	04/09/2014	Date of Injury:	09/21/2003
Decision Date:	05/09/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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 Psychologist and is licensed to practice in Texas. 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 injured worker reported an injury on 09/21/2003. The mechanism of injury was not provided. Current diagnoses include major depressive disorder and generalized anxiety. The injured worker was evaluated on 09/06/2013. The injured worker reported improvement in mood and sleep with treatment and psychotropic medication. Objective findings included a sad and anxious mood, bodily tension, and apprehension. Treatment recommendations at that time included continuation of cognitive behavioral group psychotherapy for 6 weeks, as well as relaxation training for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) COGNITIVE BEHAVIORAL GROUP PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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

Decision rationale: California MTUS Guidelines utilized ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. There is no documentation of objective functional improvement as a result of ongoing

psychotherapy. The injured worker continues to report social isolation, intrusive recollections, irritability, sadness, guilt, discouragement, nervousness, apprehension, and a lack of motivation and energy. Without evidence of objective functional improvement, ongoing psychotherapy cannot be determined as medically appropriate. As such, the request is non-certified.

SIX (6) HYPNOTHERAPY/RELAXATION SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Hypnosis

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

Decision rationale: California MTUS Guidelines utilized ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. There is no documentation of objective functional improvement as a result of ongoing psychotherapy. The injured worker continues to report social isolation, intrusive recollections, irritability, sadness, guilt, discouragement, nervousness, apprehension, and a lack of motivation and energy. Without evidence of objective functional improvement, ongoing psychotherapy cannot be determined as medically appropriate. As such, the request is non-certified.