

<b>Case Number:</b>	CM13-0054256		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/14/2007
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Family Practice 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 08/14/2007. The mechanism of injury involved repetitive work activity. The injured worker is diagnosed with depressive disorder, anxiety disorder, and insomnia. The injured worker was seen by [REDACTED] on 10/02/2013. The injured worker reported sadness, social isolation, appetite changes, nervousness, difficulty concentrating, tension, dizziness, fears, apprehension, shortness of breath, sleep difficulty, gastrointestinal disturbances, and chronic pain. Objective findings included a depressed affect, memory difficulty, poor concentration, preoccupation, anxiousness, sadness, nervousness, tension, and apprehension. Treatment recommendations included 12 sessions of cognitive behavioral psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL HYPNOTHERAPY ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

**Decision rationale:** The California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. Although the injured worker does maintain diagnoses of depression, anxiety, and insomnia, the current request for 12 sessions of psychotherapy greatly exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.