

Case Number:	CM13-0054549		
Date Assigned:	12/30/2013	Date of Injury:	09/03/2013
Decision Date:	03/17/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Psychology, 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:

The claimant is a 70-year-old with a date of injury of 9/3/13. According to medical reports, while employed with [REDACTED], the claimant sustained injury to her psyche as the result of workplace stress, discrimination, and harassment. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/2/13, [REDACTED] diagnosed the claimant with: Major depressive disorder, single episode, moderate; (2) Anxiety disorder, NOS; (3) Insomnia related to anxiety disorder NOS; and (4) Stress-related physiological response affecting gastrointestinal disturbances, high blood pressure, and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive group therapy: 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

Decision rationale: The CA MTUS does not address the treatment of depression nor does it discuss the use of group therapy as a treatment intervention. As a result, the Official Disability

Guidelines regarding the use of group therapy and cognitive behavioral therapy will be used as references for this case. Based on a review of the medical records, the claimant has yet to begin psychological services. Thus, this request is for initial treatment. According to the ODG regarding behavioral interventions, it is recommended that there is an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks(individual sessions)" may be provided. The request for cognitive group therapy is not medically necessary or appropriate.

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

Decision rationale: The CA MTUS does not address the use of hypnotherapy. As a result, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on a review of the medical records, the claimant is beginning psychological services to help her manage her depression and anxiety. The ODG does recommend the use of hypnotherapy, but for the treatment of PTSD (post-traumatic stress disorder). The request for hypnotherapy is not medically necessary or appropriate.

Twelve sessions of relaxation therapy: 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

Decision rationale: The CA MTUS does not address the use of relaxation therapy. As a result, the Official Disability guideline regarding the use of stress management interventions will be used as reference for this case. The claimant has been diagnosed with depression and anxiety. It is unclear why relaxation therapy is being requested separately and not being included as part of the psychotherapy sessions. The ODG does recommend relaxation techniques, but indicates that "cognitive-behavioral interventions are found to be most effective". The medical records and submitted documentation do not provide enough evidence to support separate relaxation therapy services. The request for twelve sessions of relaxation therapy is not medically necessary or appropriate.

A psychiatric evaluation and monthly follow-up appointments for six to eight: 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

Decision rationale: The CA MTUS does not address psychiatric evaluation and follow-up visits in the treatment of mental health conditions. As a result, the Official Disability Guideline regarding the use of office visits will be used as reference in this case. Based on the review of the medical records, the claimant would benefit from a psychiatric evaluation. However, the request for additional follow-up visits for 6-8 months is premature. The ODG states that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment..." As indicated in this cited guideline, future requests for office visits cannot be determined until an evaluation is completed. The request for a psychiatric evaluation and monthly follow-up appointments for six to eight months is not medically necessary or appropriate.