

<b>Case Number:</b>	CM13-0055173		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/11/1998
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 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 53 year-old male [REDACTED] with a date of injury of 5/11/98. According to medical records, the claimant sustained an injury to his lumbar spine when he fell while working as a masonry installer for [REDACTED]. In his "Pain Medicine Re-Evaluation Authorization Request" report dated 9/18/13, [REDACTED] and physician assistant, [REDACTED], diagnosed the claimant with: (1) lumbar radiculopathy; (2) Status post lumbar laminectomy; (3) Depression; (4) Anxiety; (5) Chronic pain other; (6) Left knee pain; and (7) Left lower extremity atrophy secondary to left knee derangement. The claimant has been medically treated over the years with medications, physical therapy, Lumbar Epidural Steroid, TENS unit, and a functional restoration program. In the Utilization Review letter dated 11/7/13, there is mention of a 10/23/13 progress report from [REDACTED] diagnosing the claimant with: (1) Major depressive disorder, single episode, moderate; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder due to chronic pain; and (4) Insomnia related to generalized anxiety disorder; However, this report nor any other psychological reports/records were not made available for review. It is the claimant's psychiatric conditions and diagnoses that are most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) COGNITIVE BEHAVIORAL THERAPY SESSIONS, ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the treatment of depression therefore; the Official Disability Guidelines regarding the behavioral treatment of depression will be used as reference for this case. It is mentioned in the Utilization Review Letter dated 11/7/13, that the claimant was evaluated and diagnosed by [REDACTED]. [REDACTED] and that he recommended 12 CBT sessions. Unfortunately, there were no psychological/psychiatric records offered for review. Without any psychological records to review, there is not enough information in the orthopedic medical records to substantiate the need for psychological services. As a result, the request for "Twelve (12) cognitive behavioral therapy sessions, one (1) time a week for twelve (12) weeks" is not medically necessary. It is noted that the claimant did receive a modified authorization of six (6) cognitive behavioral therapy sessions as a result of this request.

**TWELVE (12) HYPNOTHERAPY/RELAXATION TRAINING SESSIONS, ONE (1) TIME A WEEK FOR TWELVE (12) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the use of hypnotherapy therefore; the Official Disability Guideline regarding the use of hypnotherapy will be used as reference in this case. It is mentioned in the Utilization Review Letter dated 11/7/13, that the claimant was evaluated and diagnosed by [REDACTED] and that he recommended 12 hypnotherapy sessions. Unfortunately, there were no psychological/psychiatric records offered for review. Without any psychological records to review, there is not enough information in the orthopedic medical records to substantiate the need for psychological services. As a result, the request for "Twelve (12) hypnotherapy/relaxation training sessions, one (1) time a week for twelve (12) weeks" is not medically necessary. It is noted that the claimant received a modification of 4 hypnotherapy sessions authorized as a result of this request.