

Case Number:	CM13-0059867		
Date Assigned:	12/30/2013	Date of Injury:	09/28/2009
Decision Date:	05/15/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/02/2013

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 licensed in Psychology 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 is a 51-year-old female who reported an injury on 9/28/09. The mechanism of injury involved repetitive work activity. The injured worker was evaluated on 8/12/13. The injured worker reported helplessness, irritability, a loss of interest, depression, and insomnia. Mental status examination revealed a sad and anxious mood, appropriate affect, appropriate thought content, and impaired concentration. The injured worker was then diagnosed with major depressive disorder, generalized anxiety disorder, female hypoactive sexual desire disorder, breathing related sleep disorder, and stress related physiological response affecting general medical condition. Treatment recommendations at that time included cognitive behavioral psychotherapy on a weekly basis for 12 sessions to include meditation and relaxation techniques.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY RELAXATION TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The California MTUS guidelines state that cognitive behavioral therapy is recommended. The California MTUS Guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. There is no specific frequency or quantity listed in the current request. Therefore, the request is not medically appropriate. As such, the request is non-certified.