

Case Number:	CM13-0065046		
Date Assigned:	01/03/2014	Date of Injury:	12/19/2011
Decision Date:	05/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 55 year-old female (██████████) with a date of injury of 12/19/11. The claimant sustained cumulative orthopedic injuries to her hands, arms, wrists, and shoulders while working as a housekeeper for the ██████████. It is also reported that the claimant sustained injury to her psyche secondary to her work-related orthopedic injuries. In his 10/10/13 "Comprehensive Permanent and Stationary Psychological Evaluation Report/Medical Records Review" ██████████ diagnosed the claimant with the following: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS, in partial remission; (3) Female hypoactive sexual desire disorder due to chronic pain; and (4) Insomnia related to anxiety disorder NOS and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY ONE TIME A WEEK FOR SIX 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), Mental Illness and Stress Chapter, Cognitive Therapy Section

Decision rationale: The CA MTUS does not address the treatment of depression nor anxiety. Therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on a review of the medical records, the claimant was initially evaluated in May 2012 and participated in subsequent CBT and supportive group psychotherapy in addition to receiving training in relaxation and hypnotherapy. The number of completed sessions and progress from those sessions is unknown. It appears that the last "Requested Progress Report" is dated 8/26/13 and does not provide enough information regarding the previous sessions. The claimant was again evaluated in October 2013. It is unclear whether any further psychotherapy sessions were completed as there are no notes/reports following the evaluation in October 2013. The Official Disability Guidelines (ODG) indicates that for further services, there needs to be "evidence of objective functional improvement". Although the claimant has been deemed permanent and stationary, there is insufficient information to determine the need for further services. As a result, the request for cognitive behavioral therapy one time a week for six weeks is not medically necessary.

HYPNOTHERAPY/RELAXATION TRAINING ONE TIME A WEEK FOR SIX 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), Mental Illness and Stress Chapter, Hypnosis Section

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used for this review. Based on a review of the medical records, the claimant was initially evaluated in May 2012 and participated in subsequent CBT and supportive group psychotherapy in addition to receiving training in relaxation and hypnotherapy. The number of completed sessions and progress from those sessions is unknown. It appears that the last "Requested Progress Report" is dated 8/26/13 and does not provide enough information regarding the previous sessions. The claimant was again evaluated in October 2013. It is unclear whether any further psychotherapy and/or hypnotherapy sessions were completed as there are no notes/reports following the evaluation in October 2013. The Official Disability Guidelines (ODG) indicates that the "number of visits should be contained within the total number of psychotherapy visits". Without known how many sessions have been completed to date and the outcome of those services, the need for further services cannot be fully determined. As a result, the request for hypnotherapy/relaxation training one time a week for six weeks is not medically necessary

FOLLOW UP VISIT: 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) ,Mental Illness and Stress

Decision rationale: The CA MTUS does not address the use of follow-up office visits. Therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on a review of the medical records, the claimant was initially evaluated in May 2012 and participated in subsequent CBT and supportive group psychotherapy in addition to receiving training in relaxation and hypnotherapy. The number of completed sessions and progress from those sessions is unknown. It appears that the last "Requested Progress Report" is dated 8/26/13 and does not provide enough information regarding the previous sessions. The claimant was again evaluated in October 2013. It is unclear whether any further psychotherapy sessions were completed as there are no notes/reports following the evaluation in October 2013. Although the claimant has been deemed permanent and stationary, there is insufficient information to determine the need for further services. As a result, the request for a follow-up visit is not medically necessary.