

Case Number:	CM14-0003500		
Date Assigned:	01/31/2014	Date of Injury:	08/05/2008
Decision Date:	06/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 65 year-old female (██████████) with a date of injury of 8/5/08. The claimant sustained injury to her wrists and hands. In a mOrthopedic Re-Evaluation Request for Authorization report dated 8/22/13, ██████████ diagnosed the claimant with: (1) carpal tunnel syndrome, bilateral; (2) Cervical radiculopathy; (3) Musculoligamentous strain of the cervical spine; and (4) Herniated disc disease. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. On the RFA forms dated 11/25/13, ██████████ diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder, and (4) Sleep disorder due to chronic pain. It is the claimant's psychiatric 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:

GROUP MEDICAL PSYCHOTHERAPY, 1 SESSION PER WEEK FOR 12 WEEKS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT.

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 & Stress Chapter, Cognitive Therapy for Depression

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and/or [REDACTED], however, neither the total number of completed sessions nor the progress of those sessions is known. There is a 5/24/13 progress note included for review, but the note fails to provide much information. There is also a Requested Progress Report dated 9/27/13, however, the report fails to provide a diagnosis, number of sessions to date, and only indicates that the claimant's objective findings are that she is emotional and tearful. She has gained weight. She is sad and anxious. She is preoccupied about her physical condition and the future. There are no notes regarding objective functional improvements or progress from the services. Without more information regarding the services completed and the progress of those services, the need for additional sessions cannot be determined. As a result, the request for group medical psychotherapy, 1 session per week for 12 weeks is not medically necessary.

MEDICAL HYPNOTHERAPY/RELAXATION TRAINING , 1 SESSION PER WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hypnosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Hypnosis.

Decision rationale: Based on the review of the medical records, the claimant has been receiving psychological services from [REDACTED] and/or [REDACTED], however, neither the total number of completed sessions nor the progress of those sessions is known. There is a 5/24/13 progress note included for review, but the note fails to provide much information. There is also a Requested Progress Report dated 9/27/13, however, the report fails to provide a diagnosis, number of sessions to date, and only indicates that the claimant's objective findings are that she is emotional and tearful. She has gained weight. She is sad and anxious. She is preoccupied about her physical condition and the future. There are no notes regarding objective functional improvements or progress from the services. Without more information regarding the services completed and the progress of those services, the need for additional sessions cannot be determined. As a result, the request for medical hypnotherapy/relaxation training , 1 session per week for 12 weeks is not medically necessary.