

<b>Case Number:</b>	CM14-0004162		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/11/2014

### 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 Board Certified 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 60-year-old who reported an injury on April 29, 2012 secondary to events of being a full-time care giver. The psychological consultation report dated November 13, 2013 stated the injured worker complained of feelings of sadness, helplessness, hopelessness, fear, irritability, and anger. He states he had less motivation and socially isolates himself. The mental status examination reported the injured worker's insight was intact, his judgment was good and he was able to handle his own affair. The diagnoses included major depressive disorder, generalized anxiety disorder, insomnia, as well as gastrointestinal disturbances, high blood pressure and headaches due to stress-related physiological response. The treatment recommendation included psychotherapy every week for six weeks, psychiatric consultation to consider psychotropic medications, psychiatric treatment monthly for six months and hypnotherapy for six months. The injured worker scored 39 on the Beck Anxiety Inventory and a 37 on the Beck Depression Inventory. The injured worker completed the MMPI-2 and his profile described an individual who was depressed, resentful, angry and hostile. The request for authorization was submitted on December 9, 2013 with the rationale for request to help him to better cope with his emotional conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COGNITIVE BEHAVIORAL PSYCHOTHERAPY ON A WEEKLY BASIS FOR 6 MONTHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition, 2010 Revision

**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, Cognitive Therapy For Depression

**Decision rationale:** The injured worker has a history of depression and anxiety brought on by his exposure to stress. The Official Disability Guidelines recommended cognitive therapy for depression up to thirteen to twenty visits over seven to twenty weeks, if progress is being made. According to these guidelines, the request for six months of therapy on a weekly basis is excessive. In addition, the documentation does not state the injured worker is making progress in his treatment. The request for cognitive behavioral therapy on a weekly basis for six months is not medically necessary or appropriate.

**PSYCHIATRIC CONSULT:** Overturned

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

**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, Office Visits

**Decision rationale:** The injured worker has a history of depression and anxiety brought on by his exposure to stress. The Official Disability Guidelines state psychiatric consult is recommended as determined to be medically necessary. In addition, 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. The clinical information, provided for review, clearly state a treatment plan for this injured worker should include a psychiatric consultation to consider the use of psychotropic medication. The request for a psychiatric consult is medically necessary and appropriate.

**PSYCHIATRIC TREATMENT ON A MONTHLY BASIS FOR 6 MONTHS:** Upheld

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

**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, Cognitive Therapy for Depression.

**Decision rationale:** The injured worker has a history of depression and anxiety brought on by his exposure to stress. The Official Disability Guidelines recommended cognitive therapy for depression up to thirteen to twenty visits over seven to twenty weeks, if progress is being made.

According to these guidelines, the request for six months of therapy on a monthly basis is premature, due to the psychiatric consult has not yet taken place and treatment has not been determined. The request for psychiatric treatment on a monthly basis for six months is not medically necessary or appropriate.

**HYPNOTHERAPY WEEKLY FOR 6 MONTHS:** Upheld

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

**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, Hypnosis.

**Decision rationale:** The injured worker has a history of depression and anxiety brought on by his exposure to stress. The Official Disability Guidelines state hypnosis is not a therapy per se, but an adjunct to psychodynamic, cognitive-behavioral, or other therapies, and has been shown to enhance significantly their efficacy for a variety of clinical conditions. In addition the guidelines also state the number of visits should be contained within the total number of Psychotherapy visits. The clinical information, provided for review, clearly recommends the injured worker to participate in weekly relaxation training and hypnotherapy; however since the guidelines recommend the number of sessions of hypnotherapy be contained within the total number psychotherapy visits, the requested six months of therapy on a weekly basis is considered excessive with the injured worker's documented progress. The request for hypnotherapy, weekly for six months, is not medically necessary or appropriate.