

Case Number:	CM14-0009236		
Date Assigned:	01/29/2014	Date of Injury:	05/21/2013
Decision Date:	07/14/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/16/2013

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 patient is a 64-year-old male who has submitted a claim for depressive disorder, anxiety disorder, insomnia, and stress-related response affecting gastrointestinal disturbance; associated with an industrial injury date of 05/21/2013. Medical records from 08/27/2013 to 11/15/2013 were reviewed and showed that patient complained of difficulty controlling his emotions and difficulty sleeping. He states that he feels irritable, anxious, depressed, and helpless. Patient reports an improvement of his emotional condition, relationship with his family, and desire to do things. Physical examination showed that patient had a sad and anxious mood, and was nervous. There was some improvement in his general condition. Treatment to date has included psychotherapy and hypnotherapy. Utilization review, dated 12/13/2013, denied the request for hypnotherapy and psychotherapy. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PSYCHOTHERAPY ONE TIME A WEEK FOR SIX WEEKS: Upheld

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

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

Decision rationale: As stated on page 23 of the Chronic Pain Medical Treatment Guidelines, an initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient was diagnosed to have depressive disorder, anxiety disorder, insomnia, and stress-related response. The present request is for 6 additional sessions of psychotherapy. The patient has had an unknown number of sessions of psychotherapy. In addition, the medical records submitted did not provide evidence of objective functional improvement after the initial sessions. Therefore, the request for additional Psychotherapy one time a week for six weeks is not medically necessary.

ADDITIONAL 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.

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 10 visit over 6 weeks. In this case, the patient was diagnosed to have depressive disorder, anxiety disorder, insomnia, and stress-related response. The present request is for 6 additional sessions of psychotherapy. The patient has had an unknown number of sessions of psychotherapy. In addition, the medical records submitted did not provide evidence of objective functional improvement after the initial sessions. Furthermore, there was no discussion regarding the indication for hypnotherapy despite the quality of evidence with this therapy being weak. Therefore, the request for additional Hypnotherapy Relaxation training one time a week for six weeks is not medically necessary.