

Case Number:	CM14-0009238		
Date Assigned:	02/14/2014	Date of Injury:	05/08/2010
Decision Date:	06/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/23/2014

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 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 42 year-old female [REDACTED] with a date of injury of 5/8/10. According to "Utilization Review Determination" letters, the claimant sustained injuries to her neck and low back in addition to her psyche as the result of cumulative orthopedic trauma while working for [REDACTED]. She has received various medical treatments including physical therapy, medications, injections, chiropractic, and acupuncture. It is also reported that the claimant sustained injury to her psyche secondary to her work-related medical injuries and as a result of workplace sexual harassment. It is noted in the "Application for Independent Medical Review" dated 11/21/13 that the claimant is diagnosed with: (1) Major depressive disorder, single episode, moderate; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to generalized anxiety disorder and chronic pain; and (5) Stress-related psychological factors affecting general medical condition, headaches. It is the claimant's psychiatric symptoms and conditions that are most relevant to this case. It is noted that all information is found within the "Utilization Review Determination" letters as there are no medical reports included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP MEDICAL PSYCHOTHERAPY, COGNITIVE 1 TIME WEEKLY FOR 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER 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 And Stress Chapter.

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guidelines regarding the cognitive behavioral treatment of depression will be used as reference for this case. There are no psychiatric or psychological records included for review. As a result, the claimant's psychiatric and psychological history is unknown and without any relevant information to review, the need for additional psychological group sessions cannot be determined. As a result, the request for "Group Medical Psychotherapy, Cognitive 1 Time Weekly For 12 Sessions" is not medically necessary.

MEDICAL HYPNOTHERAPY RELAXATION TRAINING 1 TIME WEEKLY FOR 12 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BIOFEEDBACK,

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.

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore; the Official Disability Guidelines regarding the use of hypnotherapy will be used as reference for this case. There are no psychological/psychiatric records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant or to verify the services already completed. Without any relevant information to review, the need for hypnotherapy/relaxation sessions cannot be determined. As a result, the request for "Medical Hypnotherapy Relaxation Training 1 Time Weekly for 12 Sessions" is not medically necessary.

OFFICE VISIT, PSYCHOLOGICAL/PSYCHIATRIC EVALUATION WITH FOLLOW UP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) PRACTICE GUIDELINES, CHAPTERS 8-14 ASSESSING RED FLAGS AND INDICATIONS FOR IMMEDIATE REFERRAL,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Referral, as well as Non-MTUS: Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address office visits or psychiatric consults. Therefore, the ACOEM guideline regarding referral and the Official Disability Guideline regarding the use of office visits will be used as references in this case. There are no psychological or psychiatric records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant. Without any relevant information to review, the need for an "Office Visit, Psychological/Psychiatric Evaluation with Follow Up" cannot be determined and therefore, the request is not medically necessary.

PSYCHIATRIC TREATMENT (AS INDICATED BY PSYCHIATRIST): 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) Psychotherapy Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Referral, as well as Non-MTUS: Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address office visits or psychiatric consults. Therefore, the ACOEM guideline regarding referral and the Official Disability Guideline regarding the use of office visits will be used as references in this case. There are no psychological or psychiatric records included for review to demonstrate any psychiatric symptoms or issues experienced by the claimant. Without any relevant information to review, the need for an "Office Visit, Psychological/Psychiatric Evaluation with Follow Up" cannot be determined and therefore, the request is not medically necessary.