

Case Number:	CM14-0011140		
Date Assigned:	02/21/2014	Date of Injury:	06/04/2013
Decision Date:	06/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/28/2014

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 36 year-old male with a date of injury of 8/4/13. The claimant sustained injury to his psyche when he was involved in a needle stick incident involving a needle used by an inmate with HEP C, while working as an LVN for [REDACTED]

[REDACTED] In his "Doctor's First Report of Occupational Injury or Illness" dated 1/13/14, [REDACTED] diagnosed the claimant with Depressive disorder, NOS, Generalized anxiety disorder, Insomnia related to generalized anxiety disorder; and Stress-related physiological response affecting headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

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 California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records,

the claimant initially received brief psychological interventions from [REDACTED]. It appears that she provided 2 sessions (7/10 & 7/17). He completed an initial psychological evaluation with [REDACTED] on 1/13/14 and was recommended for group psychotherapy, hypnotherapy, and a psychiatric consultation with follow-up appointments. This request is for initial sessions. The ODG recommends that there be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvements, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Given this guideline, the request for an initial 12 CBT sessions exceeds the initial number of sessions set forth by the ODG. As a result, the request for cognitive behavioral psychotherapy qty:12 is not medically necessary. It is noted that the claimant received a modified authorization of 6 sessions in response to this request.

HYPNOTHERAPY/RELAXATION TRAINING QTY:12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

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 California MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant initially received brief psychological interventions from [REDACTED]. It appears that she provided 2 sessions (7/10 & 7/17). He completed an initial psychological evaluation with [REDACTED] on 1/13/14 and was recommended for group psychotherapy, hypnotherapy, and a psychiatric consultation with follow-up appointments. This request is for initial hypnotherapy sessions. The ODG recommends that the "number of visits should be contained within the number of psychotherapy visits." The ODG also suggests that for initial CBT sessions, there is to be a "trial of 6 visits over 6 weeks". Based on these guidelines, the request for 12 hypnotherapy sessions exceeds the initial number of sessions set forth by the ODG. As a result, the request hypnotherapy/relaxation training qty:12 is not medically necessary. It is noted that the claimant received a modified authorization of 6 hypnotherapy sessions in response to this request.

PSYCHIATRIC FOLLOW UP MONTHLY VISITS X MONTHS QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

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 California MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant initially received brief

psychological interventions from [REDACTED] It appears that she provided 2 sessions (7/10 & 7/17). He completed an initial psychological evaluation with [REDACTED] on 1/13/14 and was recommended for group psychotherapy, hypnotherapy, and a psychiatric consultation with follow-up appointments. Since the claimant has yet to receive a psychiatric consultation that would offer more specific treatment recommendations, the request for 8 follow-up psychiatric visits appears not only premature, but also excessive. As a result, the request for psychiatric follow up monthly visits x months qty: 8 is not medically necessary.