

Case Number:	CM14-0128138		
Date Assigned:	09/05/2014	Date of Injury:	10/27/2011
Decision Date:	10/02/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/12/2014

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 62 year-old female with a date of injury of 10/27/11. The claimant sustained injury to her neck and right shoulder, while working as an avionics installation lead for [REDACTED]. The mechanism of injury was not found within the medical records submitted for review. In his "Primary Treating Physician's Narrative Reevaluation Report" dated 3/5/14, [REDACTED] offers the following diagnostic impressions: (1) Possible cervical discogenic pain / possible right cervical facet pain, C2-C3, C5-C6 / possible cervical sprain/strain; (2) Right cervical radicular pain C5-C6; (3) Possible lumbar discogenic pain / possible bilateral lumbar facet pain, L4-L5 and L5-S1, right more than left, possible lumbar sprain/strain; (4) Left lumbosacral radicular pain constant L5-S1; (5) Right shoulder pain and impingement; (6) Bilateral carpal tunnel syndrome; and (7) Stress syndrome (anxiety, depression, insomnia). It is also reported that the claimant has developed psychiatric symptoms secondary to the work-related orthopedic injuries. According to the utilization review determination dated 7/30/14, the claimant has been diagnosed with: (1) Major depressive disorder, mild; (2) Generalized anxiety disorder; and (3) Other specified symptoms associated with female genital organs. Unfortunately, there were no psychological records submitted for review to confirm these diagnoses.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional Cognitive Behavioral Group Psychotherapy and Relaxation Training/Medical Hypnotherapy once a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Glass LS, Blais BB, Genovese E. Goertz M, Harris JS, Hoffman H et al (eds). Occupational Medicine Practice Guidelines: Evaluation and Management of Common Health Problems and Functional Recovery in Workers.nd Edition. Beverly Farms, MA: OEM Health Information Press, 2004, Chapter 15, Stress Related Conditions, Page 402.

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 or the use of hypnotherapy therefore, the Official Disability Guidelines regarding the cognitive treatment of depression and the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant completed her first psychological evaluation in 2012; it is reported that she was to receive subsequent psychological services. She was later evaluated in August 2013 and began follow-up services following that evaluation. Services have included group psychotherapy with hypnosis/relaxation. She has also been evaluated by psychiatrist, and has been taking psychotropic medications. Unfortunately, there are no psychological nor psychiatric records submitted for review. Without any information about the claimant's prior treatment, the need for any additional services cannot be determined. As a result, the request for "6 additional Cognitive Behavioral Group Psychotherapy and Relaxation Training/Medical Hypnotherapy once a week for 6 weeks" is not medically necessary.