

Case Number:	CM14-0161491		
Date Assigned:	10/06/2014	Date of Injury:	11/21/2008
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 Occupational Medicine 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:

This patient is a 44 year old male who suffered a penetrating head injury on 11/20/08. He has residual left sided hemiparesis and left sided pain. He has also been diagnosed with chronic low back pain and left knee meniscal tears and chondral defects. Left knee surgery has been recommended. He has medical legal psychological evaluations in late '13 and has been diagnosed with depression and anxiety. Up to 6 months of group therapy and relaxation training/hypnotherapy were recommended and Psychological care was initiated in mid March '14. Continued Psychological treatment into the late summer '14 has no documentation of objective improvements in his anxiety or depressive levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relax Training/ Hypnotherapy x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive Therapy

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the use of mental health professionals for recalcitrant depression and/or anxiety. However California MTUS Guidelines do not provide recommendations regarding reasonable treatment parameters. Official Disability Guidelines (ODG) Guidelines provide treatment parameters and recommend a 6 session trial of therapy with an extension of up to 20 weeks if the trial is successful. This patient has had Psychological treatment for 7 months without any objective measurements of improvement. There are no unusual circumstances to justify an exception to Guidelines as the treatment provided as also met the qualified medical examiner (QME) recommendations for treatment length. The request for an additional 6 sessions of relaxation/hypnotherapy is not medically necessary.