

<b>Case Number:</b>	CM14-0167749		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	03/23/2006
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 a licensed Psychologist, 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 58 year-old male (██████████) with a date of cumulative injuries of 3/23/06. The claimant sustained injury to his back and neck as the result of a motor vehicle accident on 10/5/05 and injured his knees while performing his regular job duties while working for ██████████. In a visit note dated 6/23/14, ██████████ offers the following impressions: (1) Degenerative joint disease of the right knee. Radiographically, previously documented to be end-stage, and now completely failing conservative management; and (2) Status post successful left total knee arthroplasty. Additionally, in a PR-2 report dated 6/9/14, ██████████ diagnosed the claimant with: L3-L4, L4-L5 discogenic back pain with radiculopathy and facet syndrome. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries and in direct response to experiencing harassment at work. In his "Doctor's First Report of Occupational Injury or Illness" dated 9/26/14, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Insomnia related to generalized anxiety disorder and chronic pain; and (4) Stress-related physiological response affecting gastrointestinal disturbances, high blood pressure, headaches, and diabetic condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group medical/cognitive behavioral psychotherapy x6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 group therapy or the treatment of depression therefore; the Official Disability Guideline for the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain as well as psychiatric symptoms. It was indicated in the file that the claimant received prior psychological services from [REDACTED] however, there were no records submitted for review to confirm this report. Despite the possibility of having received prior services, the claimant completed a psychological evaluation with [REDACTED] in September 2014. The request under review is for initial services following that evaluation. Given the claimant's current symptoms, psychotherapy services appear appropriate. However, the ODG indicates that there is to be an "initial trial of 6 visits over 6 weeks." Given this information, the request for 12 initial sessions exceeds the initial number of sessions set forth by the ODG. As a result, the request for "Group medical/cognitive behavioral psychotherapy x12" is not medically necessary. It is noted that the claimant received a modified authorization for 6 group therapy sessions in response to this request.

**Medical hypotherapy/relaxation training 1 x 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain as well as psychiatric symptoms. It was indicated in the file that the claimant received prior psychological services from [REDACTED] however, there were no records submitted for review to confirm this report. Despite the possibility of having received prior services, the claimant completed a psychological evaluation with [REDACTED] in September 2014. The request under review is for initial services following that evaluation. Given the claimant's current symptoms, psychotherapy services appear appropriate. However, the ODG indicates that the number of hypnotherapy visits "should be contained within the total number of psychotherapy visits." Since the ODG recommends that there is to be an "initial trial of 6 visits over 6 weeks" for psychotherapy, the request for 12 initial hypnotherapy sessions exceeds the initial number of psychotherapy sessions set forth by the ODG. As a result, the request for "Medical Hypotherapy/relaxation training 1 x 12" is not medically necessary.

**Psychiatric evaluation and monthly followup appointments for 6-8 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The ACOEM guideline regarding referrals and the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain as well as psychiatric symptoms and completed a psychological evaluation with [REDACTED] in September 2014. Given the claimant's current symptoms, a psychiatric evaluation appears appropriate. However, follow-up visits cannot be determined. The ODG indicates that "The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment..." As a result, the request for 6-8 months of follow-up appointments is premature. Therefore, the request for "Psychiatric evaluation and monthly follow-up appointments for 6-8 months" is not medically necessary. It is noted that the claimant received a modified authorization for 1 psychiatric evaluation only in response to this request.