

<b>Case Number:</b>	CM14-0020622		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Psychiatry, has a subspecialty in Neurology 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:

According to the records made available for review, this is a 51-year-old female with a 4/18/12 date of injury. At the time (2/13/14) of the Decision for Cognitive behavioral psychotherapy times 6 visits over 6 weeks and Relaxation and hypnotherapy times 12 weeks, there is documentation of subjective (deteriorating physical condition and chronic pain impacting mood, impatient and frustrated, worried about future employment, difficulties with sleep due to worry and pain, diminished sexual desire, frustrated, difficulty remembering things, less motivation, tends to socially isolate, lost interest in usual activities, frequent crying spells, more sensitive and emotional, difficulty making decisions, and often feels nervous and restless) and objective (not specified) findings, current diagnoses (major depressive disorder, anxiety disorder, insomnia, and stress-related physiological response affecting general medical condition), and treatment to date (6 prior cognitive behavioral therapy sessions). Regarding Cognitive behavioral psychotherapy x 6 visits over 6 weeks, there is no documentation of objective functional improvement following previous with previous cognitive behavioral therapy. Regarding Relaxation and hypnotherapy x 12 weeks, there is no documentation of Post-traumatic stress disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL PSYCHOTHERAPY X 6 VISITS OVER 6 WEEKS:**

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-TWC MENTAL ILLNESS & STRESS PROCEDURE SUMMARY, COGNITIVE BEHAVIORAL THERAPY (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, anxiety disorder, insomnia, and stress-related physiological response affecting general medical condition. In addition, there is documentation of previous cognitive behavioral therapy. However, there is no documentation of objective functional improvement with previous cognitive behavioral therapy. Therefore, based on guidelines and a review of the evidence, the request for Cognitive behavioral psychotherapy x 6 visits over 6 weeks is not medically necessary.

**RELAXATION AND HYPNOTHERAPY TIMES 12 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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, Hypnosis.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of Post-traumatic stress disorder and associated symptoms (such as pain, anxiety, dissociation, or nightmares), as criteria necessary to support the medical necessity of hypnosis. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, anxiety disorder, insomnia, and stress-related physiological response affecting general medical condition. However, there is no documentation of Post-traumatic stress disorder. Therefore, based on guidelines and a review of the evidence, the request for Relaxation and hypnotherapy x 12 weeks is not medically necessary.