

Case Number:	CM14-0022898		
Date Assigned:	05/12/2014	Date of Injury:	06/18/2010
Decision Date:	07/14/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/24/2014

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 licensed 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 66 year-old male [REDACTED] with a date of injury of 6/18/10. The claimant sustained injuries to his shoulders, wrists, hands, internal organs, and psyche as the result of contracting a central nervous system fungal infection while working as a Carpenter III for the [REDACTED]. In his 5/14/13 Psychological Consultation Report/Request for Treatment Authorization", [REDACTED] diagnosed the claimant with major depressive disorder, generalized anxiety disorder, insomnia related to generalized anxiety disorder and chronic pain and stress-related physiological response affecting general medical condition, gastrointestinal disturbance, high blood pressure.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE SESSIONS OF HYPNOTHERAPY/RELAXATION TRAINING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 105-127 and ODG.

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 - Hypnosis.

Decision rationale: The California 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 completed an initial evaluation with [REDACTED] in May 2013 and began psychological services shortly after that time. Many of the hand written notes from [REDACTED] are illegible, so it is difficult to ascertain exactly how many hypnotherapy sessions have been completed to date and the progress made from those sessions. The ODG indicates that the number of hypnotherapy sessions need to be contained within the number of psychotherapy sessions being provided. Without having all of the information about the completed sessions, the need for further sessions cannot be fully determined. Additionally, the request for 12 additional hypnotherapy sessions appears slightly excessive given that the claimant has likely already received over 6 months of services. As a result, the request for "twelve sessions of hypnotherapy/relaxation training" is not medically necessary.

TWELVE SESSIONS OF INDIVIDUAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Page 105-127 and ODG.

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, Cognitive therapy for depression.

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 completed an initial evaluation with [REDACTED] in May 2013 and began psychological services shortly after that time. Many of the hand written notes from [REDACTED] are illegible, so it is difficult to ascertain exactly how many psychotherapy sessions have been completed to date and the progress made from those sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Without having all of the information about the completed sessions, the need for further sessions cannot be fully determined. Additionally, the request for 12 additional psychotherapy sessions appears slightly excessive given that the claimant has likely already received over 6 months of services. As a result, the request for "twelve sessions of individual psychotherapy" is not medically necessary.