

Case Number:	CM14-0025341		
Date Assigned:	06/11/2014	Date of Injury:	07/11/2012
Decision Date:	09/08/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/27/2014

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 37 year-old female with a date of injury of 7/11/12. The claimant sustained injury to her psyche as the result of being on the job. In his, psychological permanent and stationary evaluation dated 11/11/13, the treating physician diagnosed the claimant with Major depressive disorder, single episode, mild, in partial remission, post-traumatic stress disorder, chronic, in partial remission; insomnia related to post-traumatic stress disorder; and psychological factors affecting medical condition, headaches, in partial remission. The claimant is treating her psychiatric symptoms with psychological services including individual and group psychotherapy and relaxation/hypnotherapy sessions in addition to psychotropic medications through medication management services.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDIVIDUAL PSYCHOTHERAPY SESSION (75-80 MIN)MEDICAL HYPNOTHERAPY/RELAXATION TRAINING TWO TIMES A MONTH FOR SIX MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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 the use of relaxation techniques, the ODG for the use of cognitive therapy for the treatment of PTSD, and the ODG for the use of hypnotherapy will be used as references for this case. Based on the review of the medical records, the claimant was initially evaluated by the treating physician in February 2013. She has subsequently been receiving both psychiatric and psychological treatment from providers at Psychological Assessment Services since that time. The exact number of psychological services including individual sessions, hypnotherapy/relaxation sessions, and/or group sessions is unknown. The claimant's most recent progress and improvements are not known as there are no recent progress reports or notes included for review. Without information about the most recent services to date, the need for additional services cannot be fully determined. As a result, the request for individual psychotherapy session (75-80 min) medical hypnotherapy/relaxation training two times a month for six months is not medically necessary.

GROUP MEDICAL PSYCHOTHERAPY TWO TIMES A MONTH FOR SIX MONTHS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

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 therefore, the ODG regarding the use of group therapy to treat PTSD will be used as reference for this case. Based on the review of the medical records, the claimant was initially evaluated by the treating physician in February 2013. She has subsequently been receiving both psychiatric and psychological treatment from providers at Psychological Assessment Services since that time. The exact number of psychological services including individual sessions, hypnotherapy/relaxation sessions, and/or group sessions is unknown. The claimant's most recent progress and improvements are not known as there are no recent progress reports or notes included for review. Without information about the most recent services to date, the need for additional services cannot be fully determined. As a result, the request for group medical psychotherapy two times a month for six months is not medically necessary.