

Case Number:	CM14-0025460		
Date Assigned:	06/11/2014	Date of Injury:	09/09/2005
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Sports 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:

The injured worker is a 42-year-old male who reported an injury on 09/09/2005. The mechanism of injury was not specifically stated. The current diagnoses include major depressive disorder, generalized anxiety disorder, and insomnia secondary to mental disorder. The injured worker was evaluated on 12/16/2013. The injured worker reported nervousness, restlessness, helplessness, sadness, and persistent sleep difficulty. The injured worker demonstrated a sad and anxious mood. It was noted that the injured worker's mood remained stable with psychotropic medication. Treatment recommendations included cognitive behavioral group psychotherapy and relaxation training/hypnotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 MEDICAL RELAXATION TRAINING/HYPNOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental Illness & Stress Chapter.

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 & Stress Chapter, Hypnosis, PTSD psychotherapy interventions.

Decision rationale: Official Disability Guidelines state hypnosis should only be used by credentialed healthcare professionals and is indicated for the treatment of PTSD. Official Disability Guidelines allow for up to 13 to 20 visits over 7 to 20 weeks if progress is being made. As per the documentation submitted, the injured worker does not maintain a diagnosis of PTSD. Therefore, the medical necessity for the requested service has not been established. As such, the request is not medically necessary and appropriate.

12 GROUP MEDICAL COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 400-401.

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

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy. California MTUS Guidelines utilize ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 12 sessions of cognitive behavioral psychotherapy greatly exceeds guideline recommendations. Therefore, the request is not medically appropriate. As such, the request is not medically necessary and appropriate.