

Case Number:	CM14-0027352		
Date Assigned:	06/13/2014	Date of Injury:	10/12/2006
Decision Date:	08/07/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/04/2014

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 Texas. 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 53-year-old female who reported an injury on October 12, 2006 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her neck, lower back, internal organs, and emotional well-being. The injured worker's treatment history has included psychiatric support. The injured worker was evaluated on October 25, 2013. Psychological testing revealed that the injured worker had clinical symptoms of anxiety and depression. The injured worker's diagnoses included depressive disorder, generalized anxiety disorder, feminine hypoactive sexual disorder, and insomnia. A request for authorization for pharmacological management was submitted on October 17, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Group Psychotherapy for Depression (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression.

Decision rationale: The requested group psychotherapy is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.

Additional Group Psychotherapy for Generalized Anxiety (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Cognitive therapy for depression.

Decision rationale: The requested group psychotherapy for generalized anxiety (1 session) is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.

Additional Group Psychotherapy for Hypoactive Sexual Disorder (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Cognitive therapy for depression.

Decision rationale: The requested group psychotherapy is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in

psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.

Additional Group Psychotherapy for Insomnia (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression.

Decision rationale: The requested group psychotherapy is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.

Additional Hypnotherapy for Depression (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression.

Decision rationale: The requested for hypnotherapy is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.

Additional Hypnotherapy for Generalized Anxiety (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS 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 requested hypnotherapy is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.

Additional Hypnotherapy for Hypoactive Sexual Disorder (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Cognitive therapy for depression.

Decision rationale: The requested hypnotherapy is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.

Additional Hypnotherapy for Insomnia (1 session): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Treatment Guidelines, page(s) 105-127; and on the Non-MTUS ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Mental Illness and Stress, Cognitive therapy for depression Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: The requested hypnotherapy is not medically necessary or appropriate. The ACOEM Practice Guidelines recommend psychological counseling for patients with emotional deficits. The Official Disability Guidelines recommend up to 20 visits of psychological therapy. The clinical documentation submitted for review does not provide a recent evaluation or response to treatment to support the need for additional psychotherapy. The clinical documentation does indicate that the injured worker has previously participated in psychotherapy. Significant functional benefit resulting from that therapy was not provided. Therefore, the need for additional therapy cannot be determined. As such, the request is not medically necessary or appropriate.