

<b>Case Number:</b>	CM14-0028541		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 patient is a 67-year-old female with date of injury 6/24/2010. The date of the utilization review decision was 2/10/2014. The patient encountered right shoulder injury while performing her duties and underwent surgery for the same. She also had a Methicillin-resistant Staphylococcus aureus (MRSA) infection which was deemed to be industrial in nature. The report from 8/10/2013 indicates that she had a low mood and was guarded in appearance. The diagnosis of depressive disorder NOS was given per that report. Psychological report date 8/23/2013 indicated that she had some improvement in mood. The patient was feeling irritable and had difficulty concentrating. The patient felt helpless and worried about her physical condition. Objective findings suggested that she was anxious, sad and apprehensive. Psychiatric Qualified medical evaluator (QME) report dated 9/15/2013. Psychological progress report dated 10/4/2013 suggested that she reported improved mood with group psychotherapy. Psychological report from 2/7/2014 suggested that she felt sad, anxious, had persisting sleep difficulties, difficulty concentrating. However, it was suggested that she reported improvement in mood with group psychotherapy. The report from 3/21/2014 suggested that she was continuing to attend the groups and found it to be helpful with her mood. Objective findings from that report listed that she appeared apprehensive, sad, anxious and was preoccupied with physical conditions, limitations and pain. It is suggested that she has had 13 sessions of psychotherapy and biofeedback until 2/10/2014 and seven additional sessions of psychotherapy were certified on 2/5/2014 per the QME evaluator report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral group psychotherapy sessions, Qty: 6:00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 105-127.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress and Mental illness chapter, Cognitive therapy for depression.

**Decision rationale:** The psychological report from 2/7/2014 suggested that the patient felt sad, anxious, was experiencing persisting sleep difficulties, difficulty concentrating. However, it was suggested that the patient reported improvement in mood with group psychotherapy. The report from 3/21/2014 suggested that the patient was continuing to attend the groups and found it to be helpful with her mood. Objective findings from that report listed that the patient appeared apprehensive, sad, anxious and was preoccupied with physical conditions, limitations and pain. There was no evidence of objective functional improvement. It is suggested that the patient has had 13 sessions of psychotherapy and biofeedback until 2/10/2014 and seven additional sessions of psychotherapy were certified on 2/5/2014 per the Qualified medical evaluator (QME) evaluator report. The request for six additional sessions of cognitive behavioral group psychotherapy is excessive and not medically necessary since the injured worker has received at least 13-20 sessions so far. In addition, there has been no documentation suggesting any evidence of objective functional improvement. The patient reported slight subjective improvement but continued to experience psychological symptoms on 2/7/2014, 3/21/2014, as listed above. Since the request is not in accordance with the guidelines, the request is not certified.

**Hypnotherapy/relaxation training, Qty: 6:00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 105-127.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic).

**Decision rationale:** The patient encountered right shoulder injury while performing her duties which resulted in chronic pain and also psychological issues subsequent to the same. The Official Disability Guidelines (ODG) states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. The ODG hypnotherapy guidelines recommend an initial trial of four visits over two weeks, with evidence of objective functional improvement, total of up to ten visits over six weeks (individual sessions)." The request for hypnotherapy/relaxation training for six sessions

exceeds the recommended number of visits for an initial trial. As such, the request is not medically necessary.