

<b>Case Number:</b>	CM14-0034094		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/12/2013
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury with date of injury of 09/12/12. The claimant reported being overworked and stressed and there is reference to being unjustifiably demoted. She had developed difficulty sleeping and symptoms of anxiety and depression. She was diagnosed with major depression, generalized anxiety, insomnia, and stress with a GAF of 56, which is consistent with moderate difficulty in social or occupational functioning including conflicts with peers or co-workers. A psychological evaluation on 12/03/13 recommended cognitive behavioral treatments and a psychiatric consultation. Weekly relaxation training and hypnotherapy was recommended. The assessment references the claimant reporting she had difficulty concentrating. She was having neck, shoulder, low back, and right leg pain and felt fatigued throughout the day. Other complaints include dizziness and a headache. Physical examination findings included a sad and anxious mood. Psychological testing was performed. Her GAF was 52. An orthopedic evaluation was recommended to assess the patient's orthopedic condition and chronic pain. On 02/07/14, she was having neck, shoulder, and back pain. She was having ongoing difficulty sleeping and felt sad, tired, irritable, tearful, anxious, and depressed. She was maintained out of work. On 02/07/14, she was having flashbacks with intrusive recollections with sweating and headaches. On 03/21/14 she was having flashbacks with distressing dreams and headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Office Disability Guidelines for Evaluation and Management (E&M).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, p 127.

**Decision rationale:** The claimant is being treated for a work-related injury as described above. She is being treated for psychiatric conditions of depression, anxiety, stress and has findings consistent with post-traumatic stress disorder. Treatments have included psychotherapy. Guidelines recommend consideration of a consultation if clarification of the situation is necessary. In this case, the claimant has complaints of shoulder, neck, and back pain without specific injury to any of these areas and there are no physical examination findings that would suggest a need for an orthopedic consultation. Therefore, the request is not medically necessary.

**Hypnotherapy/relaxation training twelve visits.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Rational/Medical Resources Utilization/Guidelines utilized: post traumatic stress disorder (PTSD).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Hypnosis (2) Mental Illness & Stress, PTSD psychotherapy interventions.

**Decision rationale:** The claimant is being treated for a work-related injury as described above. She is being treated for psychiatric conditions of depression, anxiety, stress and has findings consistent with post-traumatic stress disorder. Treatments have included psychotherapy. Hypnotherapy is recommended as an option in the treatment of PTSD including symptoms of dissociation and nightmares. The number of visits should be contained within the total number of psychotherapy visits with an initial trial of 6 visits over 6 weeks and consideration of extending treatment if there is evidence of objective functional improvement. In this case, the number of requested treatment sessions is in excess of that recommended and therefore not considered medically necessary.