

Case Number:	CM14-0036741		
Date Assigned:	06/25/2014	Date of Injury:	05/12/2011
Decision Date:	08/05/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/26/2014

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 65 year-old male (██████████) with a date of injury of 5/19/11. The claimant sustained cumulative orthopedic trauma injuries as the result of using chemical such as acetone to clean engines. As the result of this exposure, the claimant developed a rash on his body, causing itching, skin discoloration, and loss of his two big toenails. The claimant sustained these injuries while working for ██████████. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related physical injuries. In his Comprehensive Permanent and Stationary Psychological Evaluation Report/Medical Records Review, dated 10/15/13, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder, NOS; (3) Insomnia related to anxiety disorder NOS and chronic pain; and (4) Psychological factors affecting medical condition, headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy 2 times a month every 2 months times six months (6 sessions):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118).

Decision rationale: The California MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the treatment of depression will be used as reference in this case. Additionally, The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder will also be used. Based on the review of the medical records, the claimant completed an initial psychological evaluation in August 2012 and began psychological services shortly thereafter. It is unclear as to how many group sessions have already been completed to date and the exact progress made from those sessions. In one of the only progress reports submitted for review (dated 1/13/14), it is noted that the claimant has made some progress towards current treatment goals as evidenced by some improvement of his sleep and symptoms of anxiety. Despite this information, there is still a lot of information absent with regard to all of the services that have been completed. Without a clearer picture from more substantial information, the need for further services cannot be fully determined. As a result, the request for Group Psychotherapy 2 times a month every 2 months times six months (6 sessions) is not medically necessary.

Hypnotherapy (6 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 California MTUS does not address the use of hypnosis therefore; the Official Disability Guideline regarding the use of hypnosis will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation in August 2012 and began psychological services shortly thereafter. It is unclear as to how many group sessions have already been completed to date and the exact progress made from those sessions. In one of the only progress reports submitted for review (dated 1/13/14), it is noted that the claimant has made some progress towards current treatment goals as evidenced by some improvement of his sleep and symptoms of anxiety. Despite this information, there is still a lot of information absent with regard to all of the services that have been completed. Without a clearer picture from more substantial information, the need for further services cannot be fully determined. As a result, the request for Hypnotherapy (6 sessions) is not medically necessary.