

<b>Case Number:</b>	CM14-0037694		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/16/2008
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 70 year-old male (██████████) with a date of injury of 11/16/08. The claimant sustained injury to his back when the wheels of an extremely heavy pallet he was pulling got stuck and he was forced to yank hard back and forth to get them to move. The claimant sustained this injury while working for ██████████. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related physical injuries. In her 12/20/13 PR-2 report, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; and (3) Insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Psychotherapy 1 x 12 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Psychotherapy 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 Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the claimant has been receiving psychological services for some time and has completed at least 27 psychotherapy and hypnotherapy sessions. In the 9/27/13 "Requested Progress Report" written by [REDACTED] and [REDACTED], the claimant's treatment goals continue to be to "decrease frequency and intensity of depressive and anxious symptoms" in addition to the claimant "increasing engagement in usual activities and social interactions" as well as increasing "levels of motivation and hopefulness." The progress identified is that the claimant's "current emotional condition remains stable with psychotherapy interventions and psychotropic medication. He attempts to increase the frequency of the activities he engages in and is using coping thoughts that help him be more optimistic about the future," Contrary to this report, the claimant's objective findings indicate that the claimant appears "sad and depressed. He is preoccupied with his physical condition and limitations." Additionally, the subjective report indicates that the claimant is excessively worrying and has declined in his activities as well as in his motivation. The Official Disability Guidelines (ODG) indicates that for further treatment, objective functional improvement from the completed services needs to be demonstrated. This does not seem to be the case. The request does indicate a desire to transition the claimant into maintenance psychotherapy however, given the lack of consistent progress already identified, the number of requested sessions appears excessive because it does not offer a reasonable time period for reassessment of treatment plan goals, interventions, etc. As a result, the request for "Outpatient Psychotherapy one times twelve months" is not medically necessary.

**Hypnotherapy 1 x 12 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Psychotherapy Guidelines:Hypnosis.

**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 Hypnosis.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychological services for some time and has completed at least 27 psychotherapy and hypnotherapy sessions. The Official Disability Guidelines (ODG) recommends that the hypnotherapy sessions be contained within the total number of psychotherapy sessions. Given that the claimant has already completed numerous hypnotherapy/psychotherapy sessions with limited progress and improvements per the submitted PR-2 reports and "Requested Progress Reports", the request for an additional 12 hypnotherapy sessions appears excessive as it does not offer a reasonable period of time for reassessment of treatment plan goals, interventions, etc. As a result, the request for "Hypnotherapy one times twelve weeks" is not medically necessary.