

Case Number:	CM14-0041309		
Date Assigned:	06/27/2014	Date of Injury:	06/04/2010
Decision Date:	07/31/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/07/2014

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 62 year-old with a date of injury of June 4, 2010. The claimant sustained injuries to her bilateral wrists, elbows, and hands due to repetitive movements while working as a Registered Nurse for the [REDACTED]. In a Primary Treating Physician's Initial Orthopedic/Neurologic Consultation and Request for Authorization of Medical Treatment for Utilization Review Purposes dated January 2, 2014, [REDACTED] diagnosed the claimant with: (1) Right carpal tunnel syndrome; (2) Right ulnar neuritis in cubital tunnel; and (3) Right lateral epicondylitis. She has been treated via medications, injections, and physical therapy. It is also reported that the claimant has developed psychiatric symptoms secondary to the work-related orthopedic injuries. In the RFA dated January 29, 2014, the claimant is diagnosed with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; (3) Insomnia; and (4) Psychological factors affecting a general medical condition. The claimant has been treated via psychotherapy services, pain management, and psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation training/hypnotherapy one session per week for twelve 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 Pain Chapter, Hypnosis, Hypnotherapy 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 Medical Treatment Utilization Section (MTUS) does not address the use of relaxation/hypnotherapy 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 has been receiving psychological services for some time. Although the exact number of relaxation/hypnotherapy sessions to date is unknown, it does appear that the claimant has made some progress from them. In their January 27, 2014 Requested Progress Report/Request for Treatment, [REDACTED] and [REDACTED] wrote, Patient has made some progress towards current treatment goals as evidenced by: An improvement of her mood, anxiety and social functioning. Given that the claimant is benefitting from services, additional relaxation/hypnotherapy sessions appears warranted. However, the request for an additional twelve sessions appears excessive given the amount of services already completed. Additionally, twelve weeks is too long as it does not allow for a reasonable time for reassessment of treatment plan goals and interventions. As a result, the request for Relaxation training/ hypnotherapy, one session per week for twelve weeks, is not medically necessary or appropriate.

Group medical psychotherapy CBT (cognitive behavioral therapy), one session per week for twelve 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 (ODG) Mental Illness and Stress Chapter.

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 Medical Treatment Utilization Section (MTUS) does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression 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. Although the exact number of sessions to date is unknown, it does appear that the claimant has made some progress from therapy. In their January 27, 2014 Requested Progress Report/Request for Treatment, [REDACTED] and [REDACTED] wrote, Patient has made some progress towards current treatment goals as evidenced by: An improvement of her mood, anxiety and social functioning. Given that the claimant is benefitting from services, additional psychotherapy appears warranted. However, the request for an additional twelve sessions appears excessive given the amount of services already completed. Additionally, twelve weeks is too long as it does not allow for a reasonable time for reassessment of treatment plan goals and interventions. As a result, the request for Group medical psychotherapy CBT, one session per week for twelve weeks, is not medically necessary or appropriate.

