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| Case Number: | CM14-0046696 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 02/27/2009 |
| Decision Date: | 08/06/2014 | UR Denial Date: | 03/20/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

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 Illinois. 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 50 year-old female (DOB) with a date of injury of 2/27/09. The claimant sustained orthopedic injury while working for Kyocera. The mechanism of injury was not found within the Utilization Reports submitted for review. According to the UR Appeal report dated 5/8/14, the claimant is diagnosed with: (1) Depressive disorder; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder; and (4) Sleep disorder due to chronic pain. It is noted that there are neither medical nor psychological records submitted for review in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued cognitive group psychotherapy 1 times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Mental illness & Stress Procedure Summary.

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: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118), Group therapy.

Decision rationale: Based on the review of the submitted documents, the claimant continues to experience both pain and psychiatric symptoms. However, because there are no medical nor

psychological records to review, the need for further services cannot be determined. As a result, the request for "Continued cognitive group psychotherapy 1x6" is not medically necessary.

Medical Hypnotherapy (1) times (6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS: Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Hypnosis Recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used.

Decision rationale: Based on the review of the submitted documents, the claimant continues to experience both pain and psychiatric symptoms. However, because there are no medical nor psychological records to review, the need for further services cannot be determined. As a result, the request for "Medical hypnotherapy 1 times 6" is not medically necessary.

Continued relaxation training (1) times (6): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: Based on the review of the submitted documents, the claimant continues to experience both pain and psychiatric symptoms. However, because there are no medical nor psychological records to review, the need for further services cannot be determined. As a result, the request for "Continued relaxation training 1 times 6" is not medically necessary.

Psychological sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS: Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals.

Decision rationale: Based on the review of the submitted documents, the claimant continues to experience both pain and psychiatric symptoms. However, because there are no medical nor psychological records to review, the need for further services cannot be determined. As a result, the request for "Psychological sessions" is not medically necessary.