

Case Number:	CM14-0048286		
Date Assigned:	07/02/2014	Date of Injury:	10/08/2009
Decision Date:	08/06/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/16/2014

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 Texas. 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 injured worker is a 46-year-old female who reported an injury on 10/08/2009 of an unknown mechanism. The injured worker has been diagnosed with major depressive disorder; generalized anxiety disorder; insomnia, and psychological factors affecting her medical condition. The physician noted that the injured worker was self-isolating, angry, apprehensive, talkative, sad and fatigued, displays low energy, tense, holds a rigid posture, worries excessively and reports insomnia associated with pain. The injured worker has received 35 prior sessions of group psychotherapy and medical hypnosis. The physician is requesting an additional 12 sessions of group therapy and hypnosis. A list of current medications was not provided, nor a rationale for the additional sessions. A request for authorization form was signed and dated on 01/06/2014 and on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Medical Group Medical Psychotherapy 1x12: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Behavior Intervention Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Group Therapy.

Decision rationale: The request for cognitive behavioral medical group medical psychotherapy 1 session x 12 is not medically necessary. The California MTUS Guidelines for behavior intervention state this is a recommended procedure as the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines for mental and group therapy sessions recommend this procedure only for PTSD patients in groups of patients who also have PTSD. This injured worker has not been diagnosed with PTSD and, therefore, does not qualify under these guidelines. Therefore, the request is not medically necessary.

Medical Hypotherapy 1x12:

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, Hypnotherapy.

Decision rationale: The request for medical hypnotherapy, 1 session for 12 weeks is not medically necessary. The Official Disability Guidelines for hypnotherapy state this course of treatment is only authorized for patients who have a diagnosis of PTSD. This patient has been diagnosed with major depressive disorder, generalized anxiety disorder, insomnia, and psychological factors affecting. Therefore, the request is not medically necessary.