

<b>Case Number:</b>	CM14-0054609		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/30/2009
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 a licensed psychologist 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 46 year-old male (██████████) with a date of injury of 3/30/09. The claimant sustained orthopedic injuries to his hands as the result of repetitive movements while working as a butcher for ██████████. He also sustained injury to his back and neck as the result of a fall in May 2009. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In their 9/23/13 PR-2 report, ██████████ and ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; and (3) Male hypoactive sexual desire disorder due to chronic pain. More recently, in his 1/29/14 visit note, psychiatrist, ██████████, diagnosed the claimant with major depressive disorder, single episode.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group medical psychotherapy and hypnotherapy/relaxation training 1 time a week for 4 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The Official Disability Guidelines regarding the cognitive treatment of depression and the use of hypnotherapy will be used as references in this case. Based on the review of the medical records, the claimant has been receiving psychological services with [REDACTED] however, the exact number of completed sessions to date and the progress/improvements made from those sessions is unknown. There are only two PR-2 reports submitted for review dated 8/12/13 and 9/23/13. Neither offer enough information to substantiate the need for additional services. As a result, the request for Group medical psychotherapy and hypnotherapy/relaxation training 1 time a week for 4 months is not medically necessary and appropriate.

**Group medical psychotherapy and hypnotherapy/relaxation training 2 times a month for 4 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The Official Disability Guidelines regarding the cognitive treatment of depression and the use of hypnotherapy will be used as references in this case. Based on the review of the medical records, the claimant has been receiving psychological services with [REDACTED] however, the exact number of completed sessions to date and the progress/improvements made from those sessions is unknown. There are only two PR-2 reports submitted for review dated 8/12/13 and 9/23/13. Neither offer enough information to substantiate the need for additional services. As a result, the request for group medical psychotherapy and hypnotherapy/relaxation training twice a month for 4 months is not medically necessary and appropriate.