

Case Number:	CM14-0060964		
Date Assigned:	07/09/2014	Date of Injury:	07/28/2011
Decision Date:	08/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

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 Psychotherapy, and is licensed to practice 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 injured worker is a 55 year old male with date of injury 7/28/2011. Date of the Utilization Review decision was 4/3/2014. Mechanism of injury was work related stress. Psychologist report from 2/24/2014 listed injured worker's subjective complaints as having difficulties controlling emotions, communicating, sleeping and making decisions. He felt sad, tired, irritable, fearful, nervous, helpless, restless, anxious and depressed. He reported 2lb increase in weight, trouble with memory and decline in sexual desire. Objective findings included sad mood, nervous, apprehensive and demonstrated body tension. Diagnosis listed in the report based on the symptoms and presentation were Depressive disorder NOS, Anxiety disorder NOS and Insomnia. The submitted documentation suggested that the injured worker had been in weekly group therapy since 2011 and has received at least 62 sessions. A Psychiatrist report dated 12/21/2013 indicated that he was being prescribed Fluoxetine 40 mg for anxiety/depression and Trazodone 50 mg nightly for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group psychotherapy x 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC 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), Stress and Mental illness chapter, Cognitive therapy for depression.

Decision rationale: The injured worker is a 55-year-old male who sustained Psychological symptoms secondary to work related stress. The Psychologist report from 2/24/2014 listed injured worker's subjective complaints as having difficulties controlling emotions, communicating, sleeping and making decisions. He felt sad, tired, irritable, fearful, nervous, helpless, restless, anxious and depressed. He reported 2lb increase in weight, trouble with memory and decline in sexual desire. Objective findings included sad mood, nervous, apprehensive and demonstrated body tension. Diagnosis listed in the report based on the symptoms and presentation were Depressive disorder NOS, Anxiety disorder NOS and Insomnia. The submitted documentation suggested that the injured worker had been in weekly group therapy since 2011 and has received at least 62 sessions. A Psychiatrist report dated 12/21/2013 indicated that he was being prescribed Fluoxetine 40 mg for anxiety/depression and Trazodone 50 mg nightly for sleep. The Official Disability Guidelines Psychotherapy Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. It is indicated that the injured worker has exceeded the number of Psychotherapy sessions recommended by the guidelines. The request for Group psychotherapy x 16 is excessive and not medically necessary.

Hypnotherapy/relaxation x 16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental & Stress; Hypnosis.

Decision rationale: The injured worker suffers from Depressive disorder NOS, Anxiety disorder NOS and Insomnia secondary to work related stress. The Official Disability Guidelines states that Hypnosis is 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. In a study testing the effect of hypnosis on irritable bowel syndrome (IBS), it was found that the hypnosis was effective in reducing psychological distress and as a result, the IBS symptoms improved substantially, despite there being no measured physiological change. Hypnotic techniques have been reported to be effective for symptoms often associated with PTSD such as pain, anxiety and repetitive nightmares. The injured worker has undergone extensive group Psychotherapy without any significant improvement. He does not suffer from PTSD, IBS or chronic pain for which

hypnosis might be helpful. He does suffer from Anxiety NOS and has undergone group therapy, and medication management. The request for hypnosis is not medically necessary based on the review of the injured worker's chart.