

Case Number:	CM14-0076206		
Date Assigned:	07/16/2014	Date of Injury:	04/04/1967
Decision Date:	08/15/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/24/2014

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 Child and Adolescent Psychiatry, 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 injured worker is a 47-year-old male who suffered a back injury at work on 7/8/2008. He subsequently experienced pain in his low back, left leg and left foot. This was followed by symptoms of depression and anxiety, which included sad mood, irritability, tiredness, overeating, fearfulness, feelings of helplessness, and difficulty controlling his emotions. The injured worker became more socially isolated because of the symptoms of anxiety and depression. He was diagnosed with Major Depression, Mild, and was prescribed the psychotropic medications Zoloft and Trazodone. A modified certification for group psychotherapy once a week for three months, as well as for hypnotherapy once a week for six weeks is noted. After receiving these treatments, the documentation indicates that there was no substantial clinical improvement in symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy, 1 x week x 4 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for mental illness and stress regarding cognitive therapy for depression; Official Disability Guidelines - 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) Mental Illness and Stress, Psychotherapy.

Decision rationale: The MTUS is not applicable. The Official Disability Guidelines indicates that cognitive behavioral psychotherapy (CBT) is of proven efficacy in the treatment of symptoms of stress and depression. It is of comparable efficacy compared with antidepressant medication in the treatment of depression, and is shown to be highly effective in treating symptoms of panic disorder. The injured worker does have documented symptoms consistent with depression and anxiety, and has been diagnosed with Major Depression, Mild. The Official Disability Guidelines recommend an initial trial of 6 sessions over a 6-week period, followed by additional sessions up to a maximum of 20 sessions over 20 weeks but only if there has been clinical evidence of functional improvement. In this case, the injured worker has not had documented significant functional improvement even after having undergone 6 sessions of CBT, so that medical necessity for additional group psychotherapy sessions would not be substantiated. The request for group psychotherapy once a week for 4 months would therefore not be medically necessary on this basis.

Medical hypnotherapy/relaxation treatment 1 x week x 4 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter regarding Hypnosis.

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, Hypnosis.

Decision rationale: The MTUS is not applicable. The Official Disability Guidelines (ODG) indicates the treating provider considers that hypnotherapy. The medical literature has shown that it has clinical benefit in the treatment of the symptoms of Post Traumatic Stress Disorder (PTSD), as well as, to a lesser degree, in the treatment of the pain associated with Irritable Bowel Syndrome (IBS). The Official Disability Guidelines recommendations are exclusively in favor of a trial of hypnotherapy in the treatment of PTSD; there is no additional recommendation for IBS. The injured worker is not diagnosed with PTSD, but instead is diagnosed with depression, so that the medical necessity for hypnotherapy in this case is not substantiated, and therefore, the request for hypnotherapy once a week for 3 months is not medically necessary on this basis.