

Case Number:	CM14-0090814		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2011
Decision Date:	12/03/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 37 year-old male (██████████) with a date of injury of 10/18/11. The claimant sustained multiple internal and external injuries including internal bleeding in his head, broken clavicle, broken left wrist, and damaged left knee, as the result of being hit by his trailer door while working as a ██████████. In his 7/16/14, "Neurological Re-Evaluation", ██████████ offers the following diagnostic impressions: (1) History of head injury with epidural hematoma status post evacuation; (2) Residual psychological impairment, left knee meniscus tear, left clavicle fracture, chronic pain with hearing difficulties; and (3) Questionable complex partial seizure with some form of minor seizure versus anxiety symptoms. Additionally, in their PR-2 report dated 7/17/14, Physician Assistant, ██████████, and ██████████, diagnosed the claimant with: (1) Osteoarthritis of the left knee; (2) Internal derangement of the left knee; (3) Status post arthroscopic meniscectomy 4/9/13; (4) Fracture of the clavicle; (5) Sprain and strain of the shoulder; (6) Closed fracture at the distal end of the radius; and (7) Tear of the lateral and medial meniscus. ██████████, in his "Pain Management Re-Evaluation" dated 6/30/14, diagnosed the claimant with: (1) Anxiety; (2) Depression; (3) Headache, status post traumatic brain injury; (4) Left knee pain; and (5) Sleep apnea. Lastly, in the "Supplementary Psychiatric Report" dated 5/7/14, ██████████ diagnosed the claimant with Major depressive disorder, single episode, moderate. The claimant has been treated with medications, physical therapy, chiropractic, surgery, and psychotherapy. The request under review is for additional psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation Training times 6 sessions: 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: 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 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. (VA/DoD, 2004) (Brom, 1989) (Sherman, 199

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant has continued to exhibit symptoms related to his closed head injury that have included pain and psychiatric symptoms. He has been receiving psychotropic medication services from [REDACTED] and psychological treatment for his psychiatric symptoms from [REDACTED] and/or his colleagues since October 2012. In his "Requested Progress Report/Request for Authorization" dated 7/18/14, [REDACTED] notes that the claimant's progress has shown "some improvement in his sleep, ability to manage his anger and the intensity of his anxious symptoms." The progress noted remains vague and does not present enough information about the claimant's exact improvements from the services. It is also unclear from the report as to how many sessions of each modality (group psychotherapy or hypnotherapy) have been completed within this last year. Lastly, there is also no current diagnosis. The note simply states, "Remains unchanged." It is assumed that the diagnosis has remained the same since beginning treatment almost 2 years ago. Given the lack of information of prior treatment, the need for additional services cannot be fully determined. As a result, the request for additional "Medical Hypnotherapy/Relaxation Training times 6 sessions" is not medically necessary.

Group Medical Psychotherapy times 6 sessions: 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: 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 Chapter Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the treatment of depression nor the use of group therapy therefore, the Official Disability Guideline regarding the cognitive treatment of

depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has continued to exhibit symptoms related to his closed head injury that have included pain and psychiatric symptoms. He has been receiving psychotropic medication services from [REDACTED] and psychological treatment for his psychiatric symptoms from [REDACTED] and/or his colleagues since October 2012. In his "Requested Progress Report/Request for Authorization" dated 7/18/14, [REDACTED] notes that the claimant's progress has shown "some improvement in his sleep, ability to manage his anger and the intensity of his anxious symptoms." The progress noted remains vague and does not present enough information about the claimant's exact improvements from the services. It is also unclear from the report as to how many sessions of each modality (group psychotherapy or hypnotherapy) have been completed within this year. Lastly, there is also no current diagnosis. The note simply states, "Remains unchanged." It is assumed that the diagnosis has remained the same since beginning treatment almost 2 years ago. Given the lack of information of prior treatment, the need for additional services cannot be fully determined. As a result, the request for additional "Group Medical Psychotherapy times 6 sessions" is not medically necessary.

Office Visit: 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: 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 Chapter Office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient

Decision rationale: The CA MTUS does not address the use of office visits therefore; the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant has continued to exhibit symptoms related to his closed head injury that have included pain and psychiatric symptoms. He has been receiving psychotropic medication services from [REDACTED] and psychological treatment for his psychiatric symptoms from [REDACTED] and/or his colleagues since October 2012. In his "Requested Progress Report/Request for Authorization" dated 7/18/14, [REDACTED] notes that the claimant's progress has shown "some improvement in his sleep, ability to manage his anger and the intensity of his anxious symptoms." The progress noted remains vague and does not present enough information about the claimant's exact improvements from the services. It is also unclear from the report as to how many sessions of each modality (group psychotherapy or hypnotherapy) have been completed within this year. Lastly, there is also no current diagnosis. The note simply states, "Remains unchanged." It is assumed that the diagnosis has remained the same since beginning treatment almost 2 years ago. Given the lack of information of prior treatment, the need for additional services cannot be fully determined. It is also unclear as to the purpose of an office visits. As a result, the request for an "Office Visit" is not medically necessary.

