

<b>Case Number:</b>	CM14-0097442		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 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 55-year-old male with a reported date of injury of 07/28/2011. The mechanism of injury was reportedly caused by stress and harassment in the workplace. The injured worker's diagnoses included depressive disorder, anxiety disorder, insomnia related to anxiety, headaches, and diabetes. The GAF (Global Assessment of Functioning) score was 60, which converts to a Whole Person Impairment score of 15. The diagnostic studies and surgical history were not provided within the documentation available for review. Conservative care included cognitive behavioral psychotherapy. The injured worker presented with continued complaints of neck pain as well as pain and tension in the shoulders bilaterally as well as decreased appetite. The injured worker indicated he felt sad, hopeless, and helpless. According to the clinical documentation, the injured worker had a Global Assessment Functioning score of 72 dated 02/07/2012, which accounted for minimal symptoms of stress, depression, and anxiety. The injured worker's medication regimen included Cymbalta. The plan of care indicates the physician recommended the injured worker not work in a position where he was required to handle stress and/or conflicts on a regular basis while interacting with the public and/or coworkers. The treatment plan included group psychotherapy and hypnotherapy/relaxation training for the treatment of the patient's anxiety symptoms. The Request for Authorization for Therapy: other: Group Psychotherapy x 3, Therapy: other: Medical Hypnotherapy/ Relaxation therapy x 3, and Therapy: other: Office visits x 3 was submitted on 05/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Therapy: other: Group Psychotherapy x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**Decision rationale:** The California MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. The following stepped-care approach to pain management that involves psychological intervention has been suggested. Step 1 is Identify and addresses specific concerns about pain and enhances interventions that emphasize self-management. Step 2 is identifying patients who continue to experience pain and disability after the usual time of recovery. Step 3 is pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. The clinical information provided for review indicates the injured worker has been undergoing psychotherapy since 2011. The clinical information provided for review does not indicate the number of visits the injured worker has previously participated. In addition, the GAF score in 02/2012 was 72, which results in 0% disability; and the GAF score in 03/2014 was a score of 60, which results in a 15% disability. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing use of psychotherapy. The clinical information lacks sufficient evidence related to objective clinical findings of active functional impairment. Therefore, the request for Therapy: other: Group Psychotherapy x 3 is not medically necessary.

**Therapy: other: Medical Hypnotherapy/ Relaxation therapy x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 & Stress, Hypnosis.

**Decision rationale:** The Official Disability Guidelines recommend hypnosis as an option. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of (PTSD)Post-traumatic stress disorder, and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. The clinical information provided for review does not indicate the injured worker has PTSD. Therefore, the request for Therapy: other: Medical Hypnotherapy/ Relaxation therapy x 3 is not medically necessary.

**Therapy: other: Office visits x 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 & Stress.

**Decision rationale:** The Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors 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 concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The clinical information provided for review lacks documentation related to the injured worker's medication regimen. The number of previous psychotherapy and cognitive behavioral therapy was not provided within the documentation available for review. The rationale for the request was not provided within the documentation available for review. The request for Therapy: other: Office visits x 3 is not medically necessary.