

<b>Case Number:</b>	CM14-0098683		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 51-year-old male who reported an injury on 06/14/2011 by unspecified mechanism. The injured worker has completed 28 cognitive behavioral group psychotherapy relaxation/hypnotherapy sessions. The injured worker was evaluated on 06/14/2011, and it was documented the injured worker's emotional condition was improved with treatment. However, he still had persistent pain which continued to interfere with his daily functioning. He had difficulty sleeping due to his pain, and difficulty completing activities of daily living due to his pain. He relies on others to complete daily tasks. He felt nervous, sad, stressed, and tense. He reported headaches and shakiness in his body. He worried about his physical condition and limitations as well as his future. Feared that he will be unable to support his family as he did before. Objective findings included a sad and anxious mood, poor concentration, appeared tired, bodily tension, memory difficulties, and acting memory difficulties. He was preoccupied with physical symptoms and limitations. He was in need of continued treatment for his current symptoms of depression and anxiety. Treatment goals included the injured worker would decrease frequency and intensity of depressive symptoms, would improve duration and quality of sleep, would decrease frequency and intensity of anxious symptoms, and would develop rational thoughts about levels of pain stress. The diagnoses included depressive disorder, anxiety disorder (not otherwise specified), male hypoactive sexual desire, and insomnia. Request for Authorization dated 05/28/2014 was for services and follow-up office visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psyche services :Follow up 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: Lumbar Chapter, Office Visits

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**Decision rationale:** The request for Psyche Services: Follow-up office visit is not medically necessary. The injured worker has a history of depression and anxiety, and insomnia. The California MTUS Guidelines note that behavior interventions are recommended and do not address hypnotherapy specifically. The Official Disability Guidelines state hypnosis is recommended as an option to therapeutic intervention and that it may be effective in adjunct to a procedure from posttraumatic stress disorder. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation submitted failed to indicate the injured worker has had 28 group therapy sessions along with "relaxation training". However there was documented emotional improvement. Additionally, the request lacked frequency, duration and the type of Psyche services that are required. As such, the request is not medically necessary.