

Case Number:	CM14-0134637		
Date Assigned:	08/27/2014	Date of Injury:	10/19/2013
Decision Date:	04/21/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 64-year-old female, who sustained an industrial injury on 07/04/2012. Initial complaints reported included low back injury/pain. The injured worker was diagnosed as having lumbar strain/sprain, and contusions of the left lower extremity. Treatment to date has included conservative care, medications, psychological therapy, MRI of the lumbar spine (12/01/2012 & 04/22/2013), x-rays, morphine injections, physical therapy, acupuncture, electro diagnostic testing (11/27/2012). At the time of the request for authorization, the injured worker complains of feelings of sadness, helpless/hopeless, irritable decreased energy, social isolation, crying episodes, appetite and weight changes, lack of sexual desire, self-critical, pessimistic, and thoughts of death. The diagnoses included major depressive disorder -mild, generalized anxiety disorder, insomnia related to generalized anxiety disorder, and stress related physiological response. The treatment plan included cognitive behavioral group therapy and hypnotherapy/relaxation therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 4 Medical Hypnotherapy Sessions: 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 and Stress Chapter Hypnotherapy.

Decision rationale: Based on the review of the medical records, the injured worker was initially evaluated by [REDACTED] and his colleagues in June 2014 and began subsequent psychological services. Unfortunately, there is limited information about follow-up services including the number of completed sessions and the objective functional improvements of those sessions. The ODG suggests that hypnotherapy be included in the number of psychotherapy visits. However, without the information about prior services, the need for any additional treatment cannot be determined. As a result, the request for an additional 4-hypnotherapy sessions is not medically necessary.

Additional 4 Group Medical Psychotherapy: 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 and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker was initially evaluated by [REDACTED] and his colleagues in June 2014 and began subsequent psychological services. Unfortunately, there is limited information about follow-up services including the number of completed sessions and the objective functional improvements of those sessions. Without the information about prior services, the need for any additional treatment cannot be determined. As a result, the request for an additional four group medical psychotherapy sessions is not medically necessary.