

Case Number:	CM14-0170724		
Date Assigned:	10/23/2014	Date of Injury:	09/24/2013
Decision Date:	01/14/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/15/2014

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 injured worker is a 42 year-old male (██████████) with a date of injury of 9/24/13. The injured worker sustained injury to his right hand/wrist when he lifted an appliance up a flight of stairs with a dolly and hyperextended his right thumb. The injured worker sustained this injury while working for ██████████. In his PR-2 report dated 8/1/14, ██████████ diagnosed the injured worker with Right wrist de Quervain's tenosynovitis and Depression. The injured worker has been treated for his orthopedic injury with acupuncture, medications, injections, heat, and a de Quervain release. Based on ██████████ assessment and diagnosis of depression mentioned above, the injured worker completed a psychological evaluation with ██████████ on 9/23/14. In the "Psychological Consultation Report" dated 9/23/14, ██████████ diagnosed the injured worker with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to generalized anxiety disorder; and (5) Stress-related physiological response affecting headaches. It was recommended in the report that the injured worker participate in both CBT group psychotherapy, hypnotherapy/relaxation sessions, and complete a psychiatric medication evaluation. The request under review is based on ██████████ recommendations and is for an initial trial of both CBT 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:

Cognitive behavioral group psychotherapy 1x6 and hypnotherapy/relaxation training 1x6:
Overturned

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

Decision rationale: The CA MTUS does not address the treatment of depression nor the use of hypnotherapy therefore, the Official Disability Guideline regarding the cognitive treatment of depression as well as the use of hypnotherapy sessions will be used as references for this case. The review of the medical records, especially [REDACTED] "Initial Psychological Consultation Report" dated 9/23/14 presents adequate information to substantiate the need for a trial of both group therapy and hypnotherapy sessions. The request for 6 sessions is within the guidelines as well. As a result, the request for "Cognitive behavioral group psychotherapy 1x6 and hypnotherapy/relaxation training 1x6" is medically necessary.