

Case Number:	CM14-0179925		
Date Assigned:	11/04/2014	Date of Injury:	11/17/2008
Decision Date:	04/07/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 57-year-old male, who sustained an industrial injury on 11/17/2008. The diagnoses have included depression psychosis-mild, generalized anxiety disorder and insomnia due to mental disorder. Treatment to date has included 12 sessions of group psychotherapy and 4 sessions of hypnotherapy. Currently, the IW complains of being sad and angry at times. He reports that physical symptoms are, at times, exacerbated by stress. Upon examination he appears sad, anxious and apprehensive. He has rapid speech and bodily tension. He is preoccupied with persisting pain and financial circumstances. On 10/16/2014, Utilization Review non-certified a request for relaxation training/hypnotherapy for six (6) visits noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ODG were cited. On 10/16/2014, the injured worker submitted an application for IMR for review of group medical psychotherapy (medical hypnotherapy/relaxation) and office visit (approved).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient follow-up consultation to psychologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

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.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain as well as psychiatric symptoms. According to the October 2014 UR determination letter, in April 2014, the injured worker was authorized to receive 12 group psychotherapy sessions as well as 4 hypnotherapy/relaxation sessions. The 9/26/2014 progress report from [REDACTED] and [REDACTED] fails to document the number of completed sessions to date of each modality as well as the objective functional improvements made from the completed sessions. In fact, the progress noted is that the injured worker has a "decrease in sad and anxious mood." There is insufficient information within the psychological records to substantiate the need for any additional psychotherapy and/or relaxation/hypnotherapy services. However, the request for an outpatient follow-up consultation to psychologist is medically necessary in order to provide a reassessment of treatment goals and interventions.

Relaxation training/hypnotherapy for six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Procedure Summary.

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.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain as well as psychiatric symptoms. According to the October 2014 UR determination letter, in April 2014, the injured worker was authorized to receive 12 group psychotherapy sessions as well as 4 hypnotherapy/relaxation sessions. The 9/26/2014 progress report from [REDACTED] and [REDACTED] fails to document the number of completed sessions to date of each modality as well as the objective functional improvements made from the completed sessions. In fact, the progress noted is that the injured worker has a "decrease in sad and anxious mood." There is insufficient information within the psychological records to substantiate the need for any additional psychotherapy and/or relaxation/hypnotherapy services. As a result, the request for an additional 6 relaxation/hypnotherapy sessions is not medically necessary.