

<b>Case Number:</b>	CM14-0187588		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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 55 year-old male (██████████) with a date of injury of 2/3/11. The injured worker sustained injuries to his neck, back, left elbow and left shoulder when he was rear-ended in a motor-vehicle accident while working as an administrator for ██████████. Secondary to his work-related orthopedic injuries, the injured worker developed psychiatric symptoms related to depression and anxiety. He was being treated by ██████████ at ██████████ prior to receiving a referral to receive services at Psychological Assessment Services. According to ██████████ reports, the injured worker was diagnosed with: (1) Major depressive disorder, single episode, moderate; (2) Adjustment disorder with anxiety; and (3) Sexual dysfunction, NOS. In his "Follow-up Psychiatric Consultation Report" Psychiatrist, ██████████, diagnosed the claimant with Depression, NOS. The requests under review are for follow-up psychological services including hypnotherapy and individual psychotherapy from associates at Psychological Assessment Services. Unfortunately, there are minimal records from Psychological Assessment Services included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Hypnotherapy 1 x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive Behavioral Therapy

**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 use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the vast medical records, the injured worker was participating in psychological services with [REDACTED] at the [REDACTED]. However, it was noted that the injured worker required more services than what [REDACTED] could offer and the injured worker was referred to [REDACTED] at Psychological Assessment Services. Although the injured worker received an authorization for 16 psychotherapy sessions in March 2014, he was not evaluated by [REDACTED] until possibly June 2014. Because there were no records of [REDACTED] evaluation, the exact date of evaluation is not known. The only documentation submitted for review from Psychological Assessment Services were 3 barely legible, individual progress notes dated 8/13/14, 8/27/14, and 9/17/14. Due to insufficient information, the need for additional services cannot be determined. As a result, the request for "Medical Hypnotherapy 1 x 12" is not medically necessary.

**Individual Psychotherapy 1 x 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Cognitive Behavioral Therapy

**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 therefore, the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the vast medical records, the injured worker was participating in psychological services with [REDACTED] at the [REDACTED]. However, it was noted that the injured worker required more services than what [REDACTED] could offer and the injured worker was referred to [REDACTED] at Psychological Assessment Services. Although the injured worker received an authorization for 16 psychotherapy sessions in March 2014, he was not evaluated by [REDACTED] until possibly June 2014. Because there were no records of [REDACTED]' evaluation, the exact date of evaluation is not known. The only documentation from Psychological Assessment Services that were submitted for review were 3 barely legible individual progress notes dated 8/13/14, 8/27/14, and 9/17/14. Due to insufficient information, the need for additional services cannot be determined. As a result, the request for "Individual Psychotherapy 1 x 12" is not medically necessary.

