

Case Number:	CM14-0201129		
Date Assigned:	12/11/2014	Date of Injury:	05/06/2013
Decision Date:	01/29/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Psychologist (PHD, PSYD) 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 30 year-old female (██████████) with a date of injury of 5/6/2013. The injured worker sustained injuries to her bilateral wrists, left shoulder, cervical spine, and hips when she slipped and fell while cleaning a shower. The injured worker sustained these injuries while working as a housekeeper for ██████████. In his "Primary Treating Physician's Progress Report" dated 10/27/14, ██████████ diagnosed the injured worker with: (1) Left wrist post op carpal tunnel release; (2) Right wrist post op carpal tunnel release; (3) Cervical HNP with radiculopathy to the left upper extremity; (4) Cervicogenic headaches; (5) Left shoulder internal derangement; (6) lumbar spine MLI, R/O HNP; (7) Anxiety, depression; and (8) Sexual dysfunction. The injured worker has received physical therapy, acupuncture, chiropractic, and carpal tunnel releases to treat her orthopedic injuries. It is also reported that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injuries and pain. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/22/14, ██████████ diagnosed the injured worker with: (1) Major depressive disorder, single episode, mild; (2) Anxiety disorder, NOS; (3) Female hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to anxiety disorder NOS and chronic pain; and (5) Stress-related physiological response affecting headache. The request under review is for initial sessions of both hypnotherapy/relaxation and group psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy / Relaxation training 1xwk x 12wks: Upheld

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, Hypnosis

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 medical records, the injured worker continues to experience pain since her injury in May 2013. She also experiences symptoms of depression and anxiety secondary to her work-related chronic pain. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/22/14, ██████████ recommended an initial 12 sessions of hypnotherapy/relaxation training. Despite this recommendation, the ODG recommends an "initial trial of 6 visits over 6 weeks." As a result, the request for "Hypnotherapy / Relaxation training 1xwk x 12wks" exceeds the recommendation and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for 4 hypnotherapy/relaxation sessions in response to this request.

Cognitive behavioral group psychotherapy 1xwk x12wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

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 group therapy or 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 medical records, the injured worker continues to experience pain since her injury in May 2013. She also experiences symptoms of depression and anxiety secondary to her work-related chronic pain. In his "Doctor's First Report of Occupational Injury or Illness" dated 10/22/14, ██████████ recommended an initial 12 sessions of cognitive behavioral group psychotherapy. Despite this recommendation, the ODG recommends an "initial trial of 6 visits over 6 weeks." As a result, the request for "Cognitive behavioral group psychotherapy 1xwk x12wks" exceeds the recommendation and is therefore, not medically necessary. It is noted that the injured worker received a modified authorization for 4 group psychotherapy sessions in response to this request.