

<b>Case Number:</b>	CM14-0205223		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	10/14/2005
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 53 year-old male [REDACTED] with a date of injury of 10/14/2005. The injured worker sustained injury to his knee while working for [REDACTED]. The mechanism of injury was not found within the medical records. It is also reported that the injured worker developed psychiatric symptoms secondary to his work-related orthopedic injuries. In the RFA dated 11/5/14, the injured worker is diagnosed with: (1) Major depressive disorder, single; (2) Generalized anxiety disorder; and (3) Insomnia. He has been receiving psychological services from [REDACTED] and his colleagues since August 2014. The requests under review is for additional group sessions as well as hypnotherapy services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy 1 time a week times 8 weeks:** 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), Mental Illness and Stress Chapter

**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 medical records, the injured worker received prior psychological services to treat symptoms of depression. In August 2014, he was re-evaluated by [REDACTED] and was authorized for 4 group psychotherapy sessions. In the "Requested Progress Report" dated 10/24/14, the subjective complaints are listed as, "Depressive and anxious symptomatology. Chronic pain. Persistent worries about pending surgeries. Sleep disturbances. Improved mood." The objective findings are noted to be, "Depressive and anxiety related to his orthopedic condition. Good response to psychotherapy." Progress is noted to be that the "Patients current emotional condition remains stable with psychotherapy interventions." Despite this information, there is no information about the number of completed sessions to date (it is assumed to be 4) nor any progress that is measurable and objective. Without more information about the completed psychological services to substantiate the need for additional treatment, the need for additional treatment cannot be fully determined. As a result, the request for "Medical hypnotherapy 1 time a week times 8 weeks" is not medically necessary.

**Cognitive behavioral group psychotherapy 1 time a week x 12 weeks:** 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), Mental Illness and Stress Chapter

**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 medical records, the injured worker received prior psychological services to treat symptoms of depression. In August 2014, he was re-evaluated by [REDACTED] and was authorized for 4 group psychotherapy sessions. In the "Requested Progress Report" dated 10/24/14, the subjective complaints are listed as, "Depressive and anxious symptomatology. Chronic pain. Persistent worries about pending surgeries. Sleep disturbances. Improved mood." The objective findings are noted to be, "Depressive and anxiety related to his orthopedic condition. Good response to psychotherapy." Progress is noted to be that the "Patients current emotional condition remains stable with psychotherapy interventions." Despite this information, there is no information about the number of completed sessions to date (it is assumed to be 4) nor any progress that is measurable and objective. Without more information about the completed psychological services to substantiate the need for additional treatment, the need for additional treatment cannot be fully determined. As a result, the request for "Cognitive behavioral group psychotherapy 1 time a week x 12 weeks" is not medically necessary.