

Case Number:	CM15-0000649		
Date Assigned:	01/07/2015	Date of Injury:	07/17/2013
Decision Date:	11/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/03/2015

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 38 year old female, who sustained an industrial injury on 7-17-13. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 11-21-14 indicated the injured worker reports a decreased in the frequency and intensity of her headaches. She continues to experience persisting pain that interferes with her activities of daily living and sleep. She reports she feels irritable, and has difficulty remembering things. She is apprehensive and preoccupied with her physical limitations. The provider documents objective findings as "Sad and anxious mood, depressed affect, irritable and over-talkative. She continues to experience symptoms of anxiety and depression and is in need of continued treatment for her emotional condition. The patient's diagnosis remains unchanged. Treatment Goals: patient will decrease frequency and intensity of depressive symptoms. Patient will improve duration and quality of sleep. Patient will decrease frequency and intensity of anxious symptoms. Patient has made some progress towards current treatment goals as evidenced by: Some improvement in managing emotional symptoms." The provider's treatment plan includes Cognitive behavioral psychotherapy 1 session a week to help the injured worker to cope with physical condition, levels of pain and emotional symptoms for 8 weeks. He has also recommended Relaxation training-hypnotherapy 1 session per week to help manage stress and or levels of pain for 8 weeks. A Request for Authorization is dated 12-20-14. A Utilization Review letter is dated 12-10-14 and NON-CERTIFIED for Office follow-up in 45 days and MODIFIED THE CERTIFICATION for Hypnotherapy/relaxation training x 8 sessions to 6 sessions only and Cognitive behavioral group psychotherapy x 8 sessions for 6

sessions only. A request for authorization has been received for Hypnotherapy/relaxation training x 8 sessions; Cognitive behavioral group psychotherapy x 8 sessions and Office follow-up in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy/relaxation training x 8 sessions: Upheld

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: Hypnosis.

Decision rationale: Based on a review of the medical records, the injured worker has been receiving psychological services including group medical psychotherapy and hypnotherapy/relaxation training sessions from [REDACTED] and his colleagues. According to UR, the injured worker completed a psychological evaluation with [REDACTED] in April 2014 and has been receiving services subsequent to that time. There are only 2 follow-up progress reports included for review dated 8/15/14 and 11/21/14. Neither progress report offers information regarding the number of completed sessions. Additionally, both note that the "patient has made some progress towards current treatment goals as evidenced by some improvement in managing emotional symptoms." Without more information regarding the number of completed sessions to date or the specific progress and improvements made as a result of those sessions, the need for additional treatment cannot be determined. As a result, the request for an additional 8 hypnotherapy/relaxation training sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 hypnotherapy sessions in response to this request.

Cognitive behavioral group psychotherapy x 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychotherapy Guidelines.

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: Cognitive therapy for depression.

Decision rationale: Based on a review of the medical records, the injured worker has been receiving psychological services including group medical psychotherapy and hypnotherapy/relaxation training sessions from [REDACTED] and his colleagues. According to UR, the injured worker completed a psychological evaluation with [REDACTED] in April 2014 and has been receiving services subsequent to that time. There are only 2 follow-up progress reports

included for review dated 8/15/14 and 11/21/14. Neither progress report offers information regarding the number of completed sessions. Additionally, both note that the "patient has made some progress towards current treatment goals as evidenced by some improvement in managing emotional symptoms." Without more information regarding the number of completed sessions to date or the specific progress and improvements made as a result of those sessions, the need for additional treatment cannot be determined. As a result, the request for an additional 8 CBT group therapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 6 CBT group therapy sessions in response to this request.

Office follow-up in 45 days: Upheld

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: Office Visits.

Decision rationale: Based on a review of the medical records, the injured worker has been receiving psychological services including group medical psychotherapy and hypnotherapy/relaxation training sessions from [REDACTED] and his colleagues. According to UR, the injured worker completed a psychological evaluation with [REDACTED] in April 2014 and has been receiving services subsequent to that time. There are only 2 follow-up progress reports included for review dated 8/15/14 and 11/21/14. Neither progress report offers information regarding the number of completed sessions. Additionally, both note that the "patient has made some progress towards current treatment goals as evidenced by some improvement in managing emotional symptoms." Without more information regarding the number of completed sessions to date or the specific progress and improvements made as a result of those sessions, the need for additional treatment cannot be determined. As a result, the request for an office visit to assess the effectiveness of further treatment is not medically necessary.