

<b>Case Number:</b>	CM15-0135178		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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:

This 57 year old male sustained an industrial injury to the right shoulder on 3/21/14. Previous treatment included physical therapy, acupuncture, injections and medications. In a psychology consultation dated 5/19/15, the injured worker reported feeling sadness, helplessness, hopelessness, anger and irritability with lack of motivation and pessimism. The injured worker described social withdrawal, conflicts with others, crying spells and appetite changes as well as difficulty sleeping and anxiety. The injured worker was diagnosed with mild single episode major depressive disorder, generalized anxiety disorder and insomnia related to generalized anxiety disorder and chronic pain. The physician recommended cognitive behavioral therapy twice a week for twelve weeks, weekly relaxation and hypnotherapy for twelve weeks, a psychiatric consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group psychotherapy once a week for 12 weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**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 the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 5/19/15. In the report, [REDACTED] recommended follow-up psychological services including group psychotherapy as well as hypnotherapy/relaxation training, for which the request under review is based. The ODG recommends the use of cognitive therapy in the treatment of depression and recommends "up to 13-20 visits over 7-20 weeks...if progress is being made." Although this guideline discusses individual sessions, it will be generalized to include group psychotherapy. Based on this guideline, the request for an initial 12 sessions appears reasonable. As a result, the request for an initial 12 group psychotherapy sessions is medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions in response to this request.

**Hypnotherapy once a week for 12 weeks:** 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), Mental Illness & Stress Chapter, 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: Hypnotherapy; Mind/body interventions.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 5/19/15. In the report, [REDACTED] recommended follow-up psychological services including group psychotherapy as well as hypnotherapy/relaxation training, for which the request under review is based. The ODG supports the use of hypnotherapy and mind/body interventions in the treatment of stress and anxiety. It further recommends that for the use of hypnotherapy, the "number of visits should be contained within the total number of psychotherapy visits." Since 12 hypnotherapy visits falls within the recommended number of psychotherapy visits, the request for an initial 12 hypnotherapy visits is medically necessary.