

Case Number:	CM15-0135374		
Date Assigned:	07/17/2015	Date of Injury:	04/03/2010
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	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:

The injured worker is a 61 year old male patient who sustained an industrial injury on 04/03/2010. The accident was described as while working regular duty as a corrections officer he encountered cumulative trauma over the course of employment. A first report of illness dated 06/22/2014 reported the following subjective complaints: sadness, irritable, less energy, social isolation, lack of sexual desire, self-critical, pessimistic, nervous, restless/agitated, tense, fearful, without cause, apprehensive, excessive worry, unsteady/wobbliness in legs, numbness/tingling sensations, sleep difficulties, gastric disturbances and hypertension. The following diagnoses were applied: depressive disorder; generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, stress related physiological response affecting gastric disturbances, headaches, and hypertension; no axis II diagnoses; status post orthopedic injury, and health problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medial Psychotherapy (visits) Qty: 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 9/22/14. In his evaluation report, [REDACTED] recommended follow-up psychological services including group medical psychotherapy and hypnotherapy/relaxation training. It appears that the injured worker has been receiving these services for an unknown number of sessions. The request under review is for an additional 8 group medical psychotherapy sessions. Regarding the treatment of depression and anxiety, the ODG recommends "up to 13-20 visits...if progress is being made." The included progress reports from [REDACTED] and his colleagues fail to provide information regarding the number of completed sessions. The reports also fail to offer specific information about the progress and improvements that have been made as a result of the completed services. Instead, the progress noted tends to be generic and vague without mention of measurable indicators. As a result of insufficient information and documentation, the request for an additional 8 group medical psychotherapy sessions is not medically necessary.

Medical Hypnotherapy/Relaxation Treatment (visits) QTY: 8: 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) Hypnotherapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 9/22/14. In his evaluation report, [REDACTED] recommended follow-up psychological services including group medical psychotherapy and hypnotherapy/relaxation training. It appears that the injured worker has been receiving these services for an unknown number of sessions. The request under review is for an additional 8 hypnotherapy/relaxation sessions. Regarding the use of hypnotherapy, the ODG recommends that the "number of visits be contained within the total number of psychotherapy visits". Therefore, for the treatment of depression and anxiety, the ODG recommends "up to 13-20 visits...if progress is being made." The included progress reports from [REDACTED] and his colleagues fail to provide information regarding the number of completed group therapy sessions nor hypnotherapy/relaxation training sessions. The reports also fail to offer specific information about the progress and improvements that have been made as a result of the completed services. Instead, the progress noted tends to be generic and vague without mention of measurable indicators. As a result of insufficient information and documentation, the request for an additional 8 hypnotherapy/relaxation training sessions is not medically necessary.

Follow up Visit with Clinical Psychologist (visit): 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) Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 9/22/14. In his evaluation report, [REDACTED] recommended follow-up psychological services including group medical psychotherapy and hypnotherapy/relaxation training. It appears that the injured worker has been receiving these services for an unknown number of sessions. The request under review is for a follow-up visit with the psychologist. It is unclear as to the purpose of the session. The included progress reports from [REDACTED] and his colleagues fail to provide information regarding the number of completed group psychotherapy and hypnotherapy/relaxation sessions. The reports also fail to offer specific information about the progress and improvements that have been made as a result of the completed services. Instead, the progress noted tends to be generic and vague without mention of measurable indicators. As a result of insufficient information and documentation as well as a limited rationale for an office visits, the request for a follow-up visit is not medically necessary.