

<b>Case Number:</b>	CM15-0138931		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/13/2011
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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 47 year old male, who sustained an industrial injury on 6/13/11. Initial complaints were of chemical exposure and orthopedic injury. The injured worker was diagnosed as having Major Depressive Disorder, single episode; Generalized Anxiety Disorder; Male hypoactive Sexual Desire Disorder; Panic Disorder with Agoraphobia; status post orthopedic injury; headaches; gastrointestinal disturbances; lumbar disc displacement; lumbar spine sprain. Treatment to date has included status post lumbar spine microdiscectomy, laminectomy/decompression L4-L5 and L5-S1 (9/27/12); group medical psychotherapy; medications. Currently, the PR-2 notes dated 4/6/15 indicated the injured worker worries excessively about his physical condition and history of chemical exposure. The provider documents his bouts of anxiety have somewhat decreased with treatment. He has heart palpitations, sleep difficulties, trouble concentrating and trouble breathing. He feels tired, experiences weakness throughout his body and has fears of the worst happening. His fears are of his condition worsening. The injured worker reports appetite and weight changes, feeling sad and discouraged and fears of dying from his physical condition. Objective findings are documented as sad and anxious, preoccupied with physical symptoms, poor concentration and memory, bodily tension, appears tired, apprehensive; rapid speech; close to tears; over talking; in need of further mental health treatment for symptoms of depression and anxiety. The provider is requesting authorization of Group Medical Psychotherapy one (1) time a week for six (6) weeks and Medical Hypnotherapy Relaxation one (1) time a week for six (6) weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Group Medical Psychotherapy one (1) time a week for six (6) weeks: 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: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or his assistants for some time. Unfortunately, the records included for review fail to offer specific information regarding the number of psychotherapy nor hypnotherapy sessions completed to date, or at least over the past year, as well as measurable progress made from the completed sessions. The requested progress notes tend to be very generalized and do not offer enough specific documentation to support additional treatment. As a result, the request for an additional 6 group medical psychotherapy sessions is not medically necessary.

### **Medical Hypnotherapy Relaxation one (1) time a week for six (6) 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, Hypnotherapy 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: Hypnotherapy.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] and/or his assistants for some time. Unfortunately, the records included for review fail to offer specific information regarding the number of psychotherapy nor hypnotherapy sessions completed to date, or at least over the past year, as well as measurable progress made from the completed sessions. The requested progress notes tend to be very generalized and do not offer enough specific documentation to support additional treatment. As a result, the request for an additional 6 medical hypnotherapy/relaxation sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 hypnotherapy/relaxation sessions in response to this request.