

Case Number:	CM15-0142386		
Date Assigned:	08/03/2015	Date of Injury:	06/13/2010
Decision Date:	09/03/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/22/2015

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 72 year old male, who sustained an industrial injury on June 13, 2010. He reported injuries to his legs, knees, ankles, feet and left wrist. Treatment to date has included bilateral ankle surgery, physical therapy, durable medical equipment, diagnostic imaging, injections, and individual psychological therapy. Currently, the injured worker reports feeling sad, helpless, hopeless, lonely, angry, irritable, pessimistic and unmotivated. He reports a lack of confidence in himself and tends to withdraw from others. He has crying spells and angry outbursts. The injured worker reports decreased appetite and indicates he has memory and concentration problems. His sleep is difficult due to pain and worries. He reports feeling nervous dizzy, restless, tense and apprehensive. He has physical symptoms of indigestion, heartburn, diarrhea and headaches. He experiences blurry vision, tremors, slurred speech and ringing in the ears. Upon mental status examination, the injured worker had good eye contact and no evidence of agitation or retardation. He had normal command of speech and language. His speech pattern was soft and emotionally. His mood and his affect were sad and anxious. His thought processes were appropriate, logical and coherent. His thought content was focused with pre-occupation about his somatic pain, physical symptoms, physical limitations and financial circumstances. His intellectual functional was average yet was impacted by his emotional condition. He had no disturbance of consciousness and demonstrated difficulty with memory. His concentration was deficient at times and his insight and judgment were good. The diagnoses associated with the request include major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia related to generalized anxiety

disorder and chronic pain, and stress-related physiological response affected gastrointestinal disturbances and headaches. The treatment plan includes cognitive behavioral therapy to decrease frequency and intensity of the injured worker's depressive and anxious symptoms and Hypnotherapy-relaxation training to increase the injured worker's ability to use pain control methods.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy sessions times 8 (one week times 8 weeks): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 6/16/15. In the psychological evaluation report, [REDACTED] recommended follow-up services that included 8 hypnotherapy sessions and 8 group therapy sessions, for which the request under review is based. The ODG recommends the use of hypnotherapy and suggests that the number of sessions "be contained within the total number of psychotherapy sessions." The request for an initial 8 sessions appears reasonable. As a result, the request for an initial 8 hypnotherapy sessions is medically necessary.

Group psychotherapy sessions times 8 (one week times 8 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).

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 6/16/15. In the psychological evaluation report, [REDACTED] recommended follow-up services that included 8 hypnotherapy sessions and 8 group therapy sessions, for which the request under review is based. The ODG recommendation regarding the use of cognitive therapy for depression will be generalized to include group therapy. The ODG recommends "up to 13-20 visits over 7-20 weeks" for the treatment of depression. Utilizing this guideline, the request for an initial 8 group sessions appears reasonable. As a result, the request for an initial 8 group psychotherapy sessions is medically necessary.