

Case Number:	CM15-0144452		
Date Assigned:	08/05/2015	Date of Injury:	09/03/2002
Decision Date:	09/09/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/27/2015

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 59 year old female, who sustained an industrial injury on 09-03-2002. On provider visit dated 06-15-2015 the injured worker has reported persisting pain, sleep difficulties and frustration about physical limitations. On objective findings the injured worker was noted as sad and anxious, bodily tension, poor concentration, preoccupied with physical symptoms, over talkative and rapid speech. The injured worker was noted to appear to responsive to previous treatment. The diagnoses have included major depressive disorder, generalized anxiety disorder and insomnia. Treatment to date has included therapy and medication. The provider requested outpatient group medical psychotherapy-cognitive behavioral 1 x a week for 8 weeks, outpatient medical hypnotherapy-relaxation training 1 x a week for 8 weeks and 1 office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient group medical psychotherapy/cognitive behavioral, 1 x a week for 8 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 initially consulted with [REDACTED] in November 2013. She has been receiving group psychotherapy, hypnotherapy/relaxation sessions, and follow-up office visits since approximately December 2013 for an unknown number of sessions and visits. The documentation within the various "requested progress reports" fails to provide sufficient information regarding the number of completed sessions and/or visits as well as the progress and improvements made as a result of the treatments. Since the injured worker has been receiving consistent treatment since December 2013, she has likely already received above and beyond the total number of sessions set forth by the ODG for treatment of depression. As a result, the request for an additional 8 group psychotherapy sessions is not medically necessary.

Outpatient medical hypnotherapy/relaxation training, 1 x a week for 8 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: Hypnotherapy.

Decision rationale: Based on the review of the medical records, the injured worker initially consulted with [REDACTED] in November 2013. She has been receiving group psychotherapy, hypnotherapy/relaxation sessions, and follow-up office visits since approximately December 2013 for an unknown number of sessions and visits. The documentation within the various "requested progress reports" fails to provide sufficient information regarding the number of completed sessions and/or visits as well as the progress and improvements made as a result of the treatments. Since the injured worker has been receiving consistent treatment since December 2013, she has likely already received above and beyond the total number of sessions set forth by the ODG for treatment of depression. As a result, the request for an additional 8 hypnotherapy/relaxation sessions is not medically necessary.

1 office 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) Mental Illness and Stress Chapter: Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker initially consulted with [REDACTED] in November 2013. She has been receiving group psychotherapy,

hypnotherapy/relaxation sessions, and follow-up office visits since approximately December 2013 for an unknown number of sessions and visits. The documentation within the various "requested progress reports" fails to provide sufficient information regarding the number of completed sessions and/or visits as well as the progress and improvements made as a result of the treatments. Since the injured worker has been receiving consistent treatment since December 2013, additional treatments as well as follow-up office visits are not needed. As a result, the request for a follow-up office visit is not medically necessary.