

<b>Case Number:</b>	CM15-0166484		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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 53 year old female, who sustained an industrial injury on 3-21-10. Many of the medical reports are difficult to decipher. She reported low back pain. The injured worker was diagnosed as having symptoms of depression and reactive depression. Treatment to date has included acupuncture, aqua therapy, medication, and psychology visits. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for psychotherapy with hypnotherapy for pain management 1 time every 2 weeks for 5 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy with hypnotherapy for pain management 1 time every 2 weeks for 5 months, quantity: 10 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive behavioral therapy; Hypnotherapy.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] for an unknown number of completed sessions. There are several hand-written progress notes as well as some recently typed ones. In a progress note dated 5/7/15, it is noted that it is session number 18. Then, in a progress note dated 8/7/15, it is noted to be session #10 of 10 authorized sessions. Based on these two notes, it can be assumed that the injured worker has completed at least 28 psychotherapy and hypnotherapy sessions. The request under review is for an additional 10 psychotherapy/hypnotherapy sessions for pain management. In the treatment of chronic pain, the CA MTUS recommends a total of up to 10 sessions. In the treatment of psychiatric symptoms, the ODG recommends "up t 13-20 visits." Given both of these guidelines, the injured worker has already exceeded the number of total sessions. Additionally, the progress notes fail to identify the progress and improvements made as a result, of these treatments. As a result, the request for an additional 10 psychotherapy/hypnotherapy sessions is not medically necessary.