

Case Number:	CM15-0187238		
Date Assigned:	09/29/2015	Date of Injury:	10/12/2014
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/23/2015

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 50 year old female, who sustained an industrial injury on 10-12-2014. Medical records indicate the worker is undergoing treatment for major affective depression disorder. A recent progress report dated 8-21-2015, reported the injured worker complained of feeling sad, frustrated, anxious, fearful. "panic attacks" and hyper-vigilant and finds group therapy helpful improving her mood and understanding of the symptoms. Physical examination revealed the injured worker appeared tired, sad and anxious and has bodily tension and is preoccupied with physical symptoms. Treatment to date has included 23 sessions of psychotherapy and medication management. On 8-26-2015, the Request for Authorization requested Hypnotherapy x 6 visits, follow up appointment in 45 days and cognitive behavior group psychotherapy x 6 visits. On 9-3-2015, the Utilization Review noncertified the request for Hypnotherapy x 6 visits, follow up appointment in 45 days and cognitive behavior group psychotherapy x 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter - PTSD psychotherapy interventions; Hypnosis.

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 continues to experience psychiatric symptoms of depression and anxiety resulting from her work-related incident in October 2014. She has been receiving psychological services including group therapy and hypnotherapy/relaxation training sessions from [REDACTED] and his colleagues. According to the UR determination letters dated 9/3/15, the injured worker has completed 23 sessions. Unfortunately, the included progress reports fail to provide adequate information about the completed services. The most recent progress report, dated 8/21/15, does not indicate the number of completed group sessions or the number of completed hypnotherapy sessions. It also fails to provide objective information regarding the progress that has been made as a result of the completed services. The note simply states that the injured worker "appears to be making progress with treatment at our office and is in need of continued mental health interventions for current symptoms of depression and anxiety." It further reports that the "patient has made some improvement toward treatment goals as evidenced by patient reports of improved mood and understanding of her symptoms." This information remains too vague and does not address the reasons why the injured worker continues to experience symptoms despite ongoing psychological services. It also fails to inform whether there has been a change in the treatment plan to address the continuation of symptoms. As a result of inadequate information within the documentation, the need for additional treatment cannot be fully determined. As a result, the request for an additional 6 sessions of hypnotherapy is not medically necessary.

Follow-up appointment in 45 days: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, page 1068.

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 continues to experience psychiatric symptoms of depression and anxiety resulting from her work-related incident in October 2014. She has been receiving psychological services including group therapy and hypnotherapy/relaxation training sessions from [REDACTED] and his colleagues. According to the UR determination letters dated 9/3/15, the injured worker has completed 23 sessions. Unfortunately, the included progress reports fail to provide adequate information about the completed services. The most recent progress report, dated 8/21/15, does not indicate the number of completed group sessions or the number of completed hypnotherapy sessions. It also fails to provide objective information regarding the progress that has been made as a result of the

completed services. The note simply states that the injured worker "appears to be making progress with treatment at our office and is in need of continued mental health interventions for current symptoms of depression and anxiety." It further reports that the "patient has made some improvement toward treatment goals as evidenced by patient reports of improved mood and understanding of her symptoms." This information remains too vague and does not address the reasons why the injured worker continues to experience symptoms despite ongoing psychological services. It also fails to inform whether there has been a change in the treatment plan to address the continuation of symptoms. As a result of inadequate information within the documentation, the need for additional treatment cannot be fully determined. As a result, the request for a follow-up appointment is not medically necessary.

Cognitive behavioral group psychotherapy 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter - PTSD psychotherapy interventions; ODG Psychotherapy 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: Cognitive therapy for depression; Cognitive therapy for PTSD.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms of depression and anxiety resulting from her work-related incident in October 2014. She has been receiving psychological services including group therapy and hypnotherapy/relaxation training sessions from [REDACTED] and his colleagues. According to the UR determination letters dated 9/3/15, the injured worker has completed 23 sessions. Unfortunately, the included progress reports fail to provide adequate information about the completed services. The most recent progress report, dated 8/21/15, does not indicate the number of completed group sessions or the number of completed hypnotherapy sessions. It also fails to provide objective information regarding the progress that has been made as a result of the completed services. The note simply states that the injured worker "appears to be making progress with treatment at our office and is in need of continued mental health interventions for current symptoms of depression and anxiety." It further reports that the "patient has made some improvement toward treatment goals as evidenced by patient reports of improved mood and understanding of her symptoms." This information remains too vague and does not address the reasons why the injured worker continues to experience symptoms despite ongoing psychological services. It also fails to inform whether there has been a change in the treatment plan to address the continuation of symptoms. As a result of inadequate information within the documentation, the need for additional treatment cannot be fully determined. As a result, the request for an additional 6 CBT group sessions is not medically necessary.