

<b>Case Number:</b>	CM15-0189432		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 51 year old male who sustained an industrial injury 05-15-14. A review of the medical records reveals the injured worker is undergoing treatment for cervical spine sprain and strain radiculopathy of the right upper extremity, toxic exposure and level of consciousness, right knee medial meniscal tear status post-surgery, right carpal tunnel syndrome, right elbow lateral epicondylitis, left hip strain, depressive disorder, anxiety disorder, insomnia, and stress-related physiological response affecting gastrointestinal disturbances and headaches. Medical records (07-20-15) reveal the injured worker reports an improvement in his emotional condition with treatment, e reports persisting pain and significant physical limitations. He reports feeling discouraged, frustrated, and sad due to his physical condition, with sleep difficulties, tends to remain socially withdrawn, and bouts of nervousness. The physical exam is not reported on 08-28-15. Prior treatment includes acupuncture, psychological counseling, medications, knee surgery, and Supartz injections to the bilateral knees. The original utilization review (10-13-15) non certified the request for 8 cognitive behavioral therapy and 8 relaxation- hypnotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral group psychotherapy, quantity: 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

**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 1/27/15. In the report, [REDACTED] recommended follow-up psychological services. The subsequent RFA requested an initial 8 sessions. It is unclear from the records whether an initial 8 sessions were authorized. There are subsequent RFA's dated 4/10/15 requesting 6 additional sessions, RFA 5/22/15 requesting an additional 8 sessions, and RFA dated 8/28/15 requesting an additional 8 sessions for which the request under review is based. It is unclear from the documentation as to the exact number of completed sessions to date, as this information is not reported on any of the requested progress reports. Additionally, the progress noted on the reports fails to offer very much information regarding measurable and objective improvements. The most recent progress report, dated 8/28/15, notes that the progress is that the "patient attends groups and finds helpful in decreasing symptoms. He utilizes techniques to manage inability and improve social functioning." This noted progress remains too vague and does not shed any light as to the actual techniques that the injured worker is utilizing as well as how his social functioning has improved as a result of the techniques/services provided. Without sufficient information about the completed services to substantiate the need for additional treatment, the request for an additional 8 group psychotherapy sessions is not medically necessary.

**Relaxation training/hypnotherapy sessions, quantity: 8 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Hypnosis (2015).

**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 1/27/15. In the report, [REDACTED] recommended follow-up psychological services. The subsequent RFA requested an initial 8 sessions. It is unclear from the records whether an initial 8 sessions were authorized. There are subsequent RFA's dated 4/10/15 requesting 6 additional sessions, RFA 5/22/15 requesting an additional 8 sessions, and RFA dated 8/28/15 requesting an additional 8 sessions for which the request under review is based. It is unclear from the documentation as to the exact number of completed sessions to date, as this information is not reported on any of the requested progress reports. Additionally, the progress noted on the reports fails to offer very much information regarding measurable and objective improvements. The most recent progress report, dated

8/28/15, notes that the progress is that the "patient attends groups and finds helpful in decreasing symptoms. He utilizes techniques to manage inability and improve social functioning." This noted progress remains too vague and does not shed any light as to the actual techniques that the injured worker is utilizing as well as how his social functioning has improved as a result of the techniques/services provided. Without sufficient information about the completed services to substantiate the need for additional treatment, the request for an additional 8 hypnotherapy/relaxation training sessions is not medically necessary.