MAXIMUS Federal Services

Case Number:	CM15-0191230		
Date Assigned:	10/05/2015	Date of Injury:	12/07/2010
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/29/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old male who sustained an industrial injury on 12-7-2010. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode, mild, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia related to generalized anxiety disorder and stress-related physiological response. According to the evaluation and management of a new patient report dated 8-20-2015, the injured worker reported feeling sad, helpless, hopeless, angry, irritable, pessimistic and unmotivated. He reported difficulty sleeping due to persisting pain and excessive worries. He reported headaches and gastrointestinal disturbances that were exacerbated and-or triggered when he felt under stress. From a psychological perspective, the injured worker was temporarily partially disabled. The mental status exam (8-20-2015) revealed the injured worker's mood was sad and anxious. He reported episodes of suicidal ideation. The request for authorization was dated 8-24-2015.The original Utilization Review (UR) (8-31-2015) modified requests for group medical psychotherapy and medical hypnotherapy from 8 sessions to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 1 times 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, IME and consultations.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Psychological treatment is focused on improved quality of life, development of pain coping skills, cognitive-behavioral therapy, and improving facilitation of other modalities. The records document that the provider is exploring these symptoms already and addressing his psychological needs. This injured worker is benefiting from current treatment and the records do not substantiate goals for the addition of group psychotherapy with regards to function and mood / mental state. The request for group psychotherapy is not medically necessary or substantiated in the records.

Medical hypnotherapy 1 times 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, Chronic Pain Hypnosis.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Regarding hypnotherapy, the majority of stress research has focused on stress management techniques for individuals. The psychology literature contains much information about meditation, relaxation techniques, and biofeedback for stress and anxiety, with considerable debate on the theories and mechanism of action (e.g., placebo, operant conditioning). This injured worker is benefiting from current treatment and the records do not substantiate goals for the addition of hypnotherapy with regards to function and mood / mental state. The request for hypnotherapy is not medically necessary or substantiated in the records.