

Case Number:	CM15-0216480		
Date Assigned:	11/06/2015	Date of Injury:	07/15/2011
Decision Date:	12/23/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/03/2015

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 48 year old male who sustained an industrial injury on 07-15-2011. A review of the medical records indicated that the injured worker is undergoing treatment for lower back and leg pain, depressive disorder, single episode mild, generalized anxiety disorder, insomnia related to anxiety and chronic pain; stress related gastric disturbances and headaches. According to the treating physician's progress report on 10-12-2015, the injured worker continues to experience anxiety, nightmares, and hypervigilance and easily frightened without cause. Observation noted the injured worker to have good eye contact, speech pattern soft and emotional and without evidence of agitation. His mood was sad and anxious with appropriate affect, logical and coherent thought process. Thought content was focused on preoccupation about physical limitations and physical symptoms. The injured worker reported thoughts of death but denied any suicidal or homicidal ideation. Concentration was noted to deficient at times with difficulty remembering recent dates and sequence of events. Insight and judgment were intact. On 09-28-2015 the injured worker was evaluated for his low back pain radiating to both legs associated with numbness and tingling, left side greater than right side rated at 5-7 out of 10 on the pain scale. Examination demonstrated tenderness to palpation over the lumbar midline at L4-S1, lumbosacral paraspinal area, bilateral buttocks and bilateral posterior superior iliac spine, left side greater than right side. Range of motion was decreased with pain and guarding. Motor strength and deep tendon reflexes were intact in the bilateral lower extremities. Sensation to light touch noted numbness to the anterior and posterior thigh, left calf and dorsal foot. There was mild numbness on the right leg. Prior treatments have included diagnostic testing, physical

therapy, home exercise program, chiropractic therapy, back brace, psychological evaluation and medications. Current medications were listed as Ultram, Naproxen, Neurontin and Omeprazole. Treatment plan consists of psychiatric consultation, acupuncture therapy and the current request for cognitive behavioral therapy (CBT) group therapy times 8 sessions and hypnotherapy times 8 sessions. On 10-16-2015 the Utilization Review modified the request for cognitive behavioral therapy (CBT) group therapy times 8 sessions to cognitive behavioral therapy (CBT) either group or individual therapy times 6 sessions and determined the request for hypnotherapy times 8 sessions was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT group therapy x 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

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 ██████████ in October 2015. In the subsequent report dated 10/12/15, ██████████ recommended that the injured worker participate in group psychotherapy, receive hypnotherapy/relaxation training, and complete a psychiatric consultation. The request under review is based on these recommendations. In the treatment of depression, the ODG recommends "up to 13-20 sessions, if progress is being made." Although this guideline is for individual psychotherapy, it will be generalized to include group psychotherapy as well. Utilizing this guideline, the request for an initial 8 CBT group therapy sessions appears reasonable and therefore, is medically necessary.

Hypnotherapy x 8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Criteria for the use of 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 completed an initial psychological evaluation with ██████████ in October 2015. In the subsequent report dated 10/12/15, ██████████ recommended that the injured worker participate in group psychotherapy, receive hypnotherapy/relaxation training, and complete a psychiatric

consultation. The request under review is based on these recommendations. Regarding the use of hypnotherapy, the ODG indicates that it is a viable treatment for PTSD. It further suggests that the number of hypnotherapy visits be contained within the number of psychotherapy visits. Although this guideline discusses the use of hypnosis for the treatment of PTSD, it will be generalized to include treatment for depression and anxiety as well. Utilizing this guideline, the request for an initial 8 hypnotherapy sessions coincides with the number of psychotherapy sessions and appears reasonable. Therefore, the request for 8 hypnotherapy sessions is medically necessary.