

Case Number:	CM15-0036926		
Date Assigned:	03/05/2015	Date of Injury:	04/14/2010
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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 female who sustained an industrial injury on 4/14/10. The injured worker reported symptoms of anxiety. The diagnoses included depressive disorder, anxiety disorder and insomnia. Treatments to date include a psychological evaluation. In a progress note dated 1/16/15 the treating provider reports the injured worker reported "feeling sad and anxious...tingling sensations in her face...difficulty with sleep due to pain and worries." On 2/6/15 Utilization Review non-certified the request for medical hypnotherapy/relaxation therapy x 12 sessions and group medical psychotherapy x 12 sessions. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation Therapy x 12 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 (2015), Mental Illness & Stress, 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 Hypnotherapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation/consultation with [REDACTED] on 11/11/14. In his report, [REDACTED] recommended follow-up cognitive behavioral therapy sessions, relaxation/hypnotherapy sessions, and psychiatric consultation with follow-up visits. It is assumed that the injured worker began the recommended services following the evaluation. However, subsequent documentation in the form of RFA's and "Requested Progress Reports" since the initial evaluation report fail to inform of the number of completed services to date, the types of services completed, and the objective functional improvements made from the completed sessions. Without this information, the need for additional treatment cannot be fully determined. As a result, the request for an additional 12 hypnotherapy/relaxation sessions is not medically necessary.

Group Medical Psychotherapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

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/consultation with [REDACTED] on 11/11/14. In his report, [REDACTED] recommended follow-up cognitive behavioral therapy sessions, relaxation/hypnotherapy sessions, and psychiatric consultation with follow-up visits. It is assumed that the injured worker began the recommended services following the evaluation. However, subsequent documentation in the form of RFA's and "Requested Progress Reports" since the initial evaluation report fail to inform of the number of completed services to date, the types of services completed, and the objective functional improvements made from the completed sessions. Without this information, the need for additional treatment cannot be fully determined. As a result, the request for 12 group medical psychotherapy sessions is not medically necessary.