

Case Number:	CM15-0056457		
Date Assigned:	04/01/2015	Date of Injury:	02/12/2014
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/24/2015

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 34-year-old male who sustained an industrial injury on February 12, 2014. The injured worker was diagnosed cervical sprain/strain, thoracic sprain/strain, tendonitis wrist, De Quervain's syndrome, anxiety and depression. No surgical interventions or operative reports were discussed. According to the primary treating physician's progress report on February 9, 2015, the injured worker continues to experience cervical spine pain and right wrist pain. Evaluation notes decreased range of motion of the left wrist on flexion with weakness. A psychological consultation report was initially conducted on February 10, 2015. Current medications are not listed. The injured worker is currently receiving physical therapy. Group medical psychotherapy and hypnotherapy/relaxation training has been requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group medical psychotherapy 1 x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has not only continued to experience chronic pain, but has developed psychiatric symptoms secondary to the pain. In his February 2015 psychological evaluation, [REDACTED] recommended that the injured worker receive 8 group medical psychotherapy sessions as well as 8 hypnotherapy sessions. Although the injured worker will benefit from follow-up psychological services, the ODG specifically recommends an "initial trial of 6 visits over 6 weeks" for the treatment of depression. Given this guideline, the request for an initial 8 CBT sessions exceeds the recommendation. As a result, the request for an initial 8 group medical psychotherapy sessions is not medically necessary. It is noted that the injured worker received a modified authorization of 6 group medical psychotherapy sessions in response to this request. The treatment is not medically necessary.

Medical hypnotherapy/relaxation training 1 x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 has not only continued to experience chronic pain, but has developed psychiatric symptoms secondary to the pain. In his February 2015 psychological evaluation, [REDACTED] recommended that the injured worker receive 8 group medical psychotherapy sessions as well as 8 hypnotherapy sessions. Although the injured worker will benefit from follow-up psychological services, the ODG specifically recommends that for hypnotherapy, the "number of visits should be contained within the total number of psychotherapy visits." With regards to the cognitive treatment of depression, the ODG recommends an "initial trial of 6 visits over 6 weeks." Since the ODG recommends an initial 6 visits, the request for an initial 8 hypnotherapy sessions exceeds the recommendation. As a result, the request for a 8 hypnotherapy sessions is not medically necessary