

<b>Case Number:</b>	CM15-0087854		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 58 year old male, who sustained an industrial injury on 9/14/12. He reported a right hand injury. The injured worker was diagnosed as having multiple trauma secondary to assault, major depressive disorder, posttraumatic stress disorder and insomnia. Treatment to date has included oral and topical anti-inflammatory medications, physical therapy and home exercise program. Currently, the injured worker complains of chronic neck, back and hand pain along with crying, decreased appetite, blurry vision and gastrointestinal disturbances. His emotional condition has improved with treatment. Physical exam noted soreness along the volar aspect of the PIP and P2 joints, pain flexion of hand with tightness over the top dorsal aspect of extensors with intact sensation. The treatment plan included behavioral group psychotherapy and hypnotherapy/relaxation training 1 time a week for 4 months, psychiatric treatment and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Group Medical Psychotherapy (16 sessions total): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

**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 Group Therapy.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological consultation with [REDACTED] on 2/18/15. In that report, he recommended an initial 12 group medical psychotherapy sessions as well as hypnotherapy/relaxation sessions. According to UR notes, the injured worker had completed 7 group sessions. The subsequent PR-2 report dated 3/23/15, fails to mention the number of completed sessions nor does it offer much information regarding the progress made from the sessions. The report simply indicates that the injured worker's "emotional condition has improved." Unfortunately, this statement remains too vague and does not provide adequate information regarding the injured worker's progress. Although the ODG recommends group therapy for PTSD, it also recommends "up to 13-20 visits over 7-20 weeks" if progress is being made for the cognitive treatment of PTSD. Utilizing this guideline, the request for an additional 16 sessions exceeds the total number of recommended sessions and the documentation fails to provide enough information to substantiate the need for additional treatment. As a result, the request for 16 cognitive behavioral group medical psychotherapy sessions is not medically necessary.

**Medical Hypnotherapy/Relaxation Training (16 sessions total):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 114-117.

**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 consultation with [REDACTED] on 2/18/15. In that report, he recommended an initial 12 group medical psychotherapy sessions as well as hypnotherapy/relaxation sessions. According to UR notes, the injured worker had completed 7 group sessions. The subsequent PR-2 report dated 3/23/15, fails to mention the number of completed sessions nor does it offer much information regarding the progress made from the sessions. The report simply indicates that the injured worker's "emotional condition has improved." Unfortunately, this statement remains too vague and does not provide adequate information regarding the injured worker's progress. Although the ODG suggests that the "number of visits should be contained within the total number of psychotherapy visits", the documentation does not substantiate the need for any additional treatment. As a result, the request for an additional 16 medical hypnotherapy/relaxation training sessions not medically necessary.

**Office Visit times 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89.

**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 Office Visits.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological consultation with [REDACTED] on 2/18/15. In that report, he recommended an initial 12 group medical psychotherapy sessions as well as hypnotherapy/relaxation sessions. According to UR notes, the injured worker had completed 7 group sessions. The subsequent PR-2 report dated 3/23/15, fails to mention the number of completed sessions nor does it offer much information regarding the progress made from the sessions. The report simply indicates that the injured worker's "emotional condition has improved." Unfortunately, this statement remains too vague and does not provide adequate information regarding the injured worker's progress. It is unclear from the submitted documentation as to the purpose for an additional 4 office visits. Given the fact that the supporting documentation is limited as to substantiating the need for additional treatment, the request for an additional 4 office visits is not reasonable nor medically necessary.