

Case Number:	CM13-0067041		
Date Assigned:	01/03/2014	Date of Injury:	06/15/2009
Decision Date:	06/17/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has filed a claim for severe major depressive disorder and general anxiety disorder associated with an industry injury of June 15, 2009. Thus far, the patient has been having treatment with a psychiatrist with note of improved mood and feeling. Treatment includes cognitive behavioral group and individual psychotherapy and relaxation training. Review of progress notes reports symptoms of depression, anxiety, and sleeplessness secondary to patient's physical condition and inability to work. There is increased irritability and isolation, decreased self-esteem, pessimism, feelings of worthlessness, and mistrust. Patient also reports worsening of physical condition as low back pain radiating to bilateral lower extremities for which medical and physical management strategies are being given. Comorbidities include obstructive sleep apnea, breathing difficulties, hypertension, and diabetes mellitus.

IMR ISSUES, DECISIONS AND RATIONALES

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

GROUP PSYCHOTHERAPY (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 (ODG), Mental Illness.

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 & Stress chapter, Group Therapy.

Decision rationale: CA MTUS does not specifically address this issue. ODG states that group therapy is recommended in PTSD. The patient suffers from depression, anxiety, and sleeplessness related to the physical condition and inability to work. There is no documentation that patient suffers from PTSD. In addition, there is note that patient has had group psychotherapy in the past however no description regarding benefits derived. Therefore, the request for group psychotherapy was not medically necessary per the guideline recommendations of ODG.

INDIVIDUAL COGNITIVE BEHAVIORAL THERAPY (12 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 19-23.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders. With evidence of objective functional improvement, a total of up to 6-10 visits. There is note of individual psychotherapy in this patient however no description regarding the amount and frequency of sessions as well as any objective functional improvement. Therefore, the request for individual cognitive behavioral therapy was not medically necessary per the guideline recommendations of MTUS.

MEDICAL HYPNOTHERAPY (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 (ODG), Mental Illness.

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: CA MTUS does not specifically address this issue. ODG states that hypnosis is recommended as an adjunctive procedure in the treatment of post-traumatic stress disorder symptoms. Patient suffers from depression, anxiety, and sleeplessness related to the physical condition and inability to work. There is no documentation that patient's psychological symptoms relate to PTSD. Therefore, the request for medical hypnotherapy was not medically necessary per the guideline recommendations of ODG.