

<b>Case Number:</b>	CM14-0109376		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/09/2006
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Board Certified 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 injured worker is a 66-year-old female who reported an injury on 08/09/2006. The mechanism of injury was not provided for review. She reportedly sustained an injury to her right knee and ultimately underwent multiple surgical interventions that finally resulted in a total knee replacement in 2009. She suffered from depression symptoms and was evaluated on 02/13/2014 for mild chronic depressive and anxiety symptoms. Her diagnoses included major depressive disorder, generalized anxiety disorder, sleep disorder due to chronic pain, and psychological factors affecting medical condition. It was determined that the injured worker's psychological deficits were directly related to the orthopedic injury. It was noted that future medical care should include psychotherapy and cognitive behavioral sessions. A request was made for hypnotherapy/relaxation therapy and cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/relaxation therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation (TWC) Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Hypnotherapy.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically address this request. Official Disability Guidelines recommend hypnotherapy and relaxation therapy as appropriate interventions for depression related symptoms. However, the request as it is submitted does not clearly identify treatment duration. As open ended treatment would not be supported by guideline recommendations, the appropriateness of the request itself cannot be determined. As such, the requested hypnotherapy/relaxation therapy is not medically necessary or appropriate.

**Cognitive-behavioral psychotherapy 1x week for 6 weeks, then 2x month for 6 months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Mental Illness & Stress (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The clinical documentation submitted for review does not indicate that the injured worker has received any type of cognitive behavioral or psychotherapy to date. California Medical Treatment Utilization Schedule recommends a 3 to 4 visit clinical trial of cognitive behavioral therapy to establish efficacy of treatment. The request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested cognitive behavioral psychotherapy 1 time a week for 6 weeks then 2 times a month for 6 months is not medically necessary or appropriate.