

Case Number:	CM14-0119724		
Date Assigned:	08/06/2014	Date of Injury:	02/27/2009
Decision Date:	09/30/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/28/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 50-year-old female who reported an injury on 02/27/2009. The mechanism of injury was not provided. Her diagnosis was not provided. The past treatments were not provided. The diagnostic studies included an MRI of the lumbar spine dated 08/06/2013 and a computed tomography scan of the lumbar spine. There were no subjective complaints of objective physical examinations provided. Medications were not provided. The request is for group medical psychotherapy sessions 1 times 6, medical hypnotherapy/relaxation training 1 times 6, and follow-up visit with psychologist. The rationale and request for authorization was not provided within the documentation submitted for review. There were no clinical notes provided within the documentation submitted for review. Decision was based off information that was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy sessions 1x6: Upheld

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

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

Decision rationale: The injured worker has a history of depression and anxiety, sexual disorder, and sleep disorder. The California MTUS supports an initial trial of 3 to 4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement totaling up to 6 to 10 sessions over 5 to 6 weeks for individual sessions. There was lack of documentation submitted for review to indicate the mood and sleep pattern of the injured worker. There is limited documentation regarding the number of treatment sessions the injured worker had attended to date. There is lack of documentation of any functional improvement for prior treatments. The medical necessity of the intervention was not established by the documentation. As such, the request is not medically necessary.

Medical Hypnotherapy /Relaxation Training 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment of Worker's Compensation -Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Hypnosis.

Decision rationale: The injured worker has a history of depression and anxiety, sexual disorder and sleep disorder. The California MTUS Guidelines note that behavior interventions are recommended and do not address hypnotherapy specifically. The Official Disability Guidelines state hypnosis is recommended as an option to therapeutic intervention and that it may be effective in adjunct to a procedure from posttraumatic stress disorder. There is lack of documentation regarding the injured worker's mood and sleep. There is lack of documentation regarding the number of sessions the injured worker had received. There is lack of medical necessity provided within documentation for above request. As such, the request is not medically necessary.

Follow up Visit w/ Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The injured worker has a history of depression, anxiety, sexual disorder, and sleep disorder, and depression. California MTUS/ACOEM Guidelines state that frequency of follow-up visits will be determined by the severity of symptoms whether the patient was referred for other testing and/or psychotherapy and whether the patient is missing work. There is lack of documentation as to authorize psychological treatment. There is lack of medical necessity for follow-up visits. As such, the request is not medically necessary.