

Case Number:	CM14-0160004		
Date Assigned:	10/03/2014	Date of Injury:	11/26/2008
Decision Date:	10/30/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/29/2014

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 claimant is a 63 year-old female (██████████) with a date of injury of 11/26/08. The claimant sustained injury while working for the ██████████. The mechanism of injury was not found within the medical records. In their "Orthopedic Re-Evaluation" dated 7/23/14, physician assistant, ██████████ and ██████████ diagnosed the claimant with: (1) S/P-right shoulder arthroscopic surgery, March 8, 2011; (2) Impingement syndrome-left shoulder with bursitis, tendonitis, and adhesive capsulitis, partial rotator cuff tear; (3) Anxiety and neurosis; (4) S/P-left CPR, June 15, 2010; and (5) S/P-right CPR, January 19, 2010. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related injuries. In their RFA dated 9/3/14, ██████████ and ██████████ diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder; and (4) Insomnia. The claimant has been treating her psychiatric symptoms for the past several years with psychotropic medications and psychotherapy services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, cognitive behavioral individual psychotherapy, once a week for six weeks: 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 and Stress Chapter

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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant has been participating in psychological services through Psychological Assessment Services for the past few years. In his "Psychiatric Agreed Medical Re-Evaluation" report dated 3/27/14, [REDACTED] indicated that the claimant "has had ongoing psychotherapy for many years. There does not appear to be a great deal of improvement in spite of those therapeutic efforts." He further indicated that the claimant "does seem to appreciate the support she receives" and he recommended that "provision be made for continuation of the ongoing psychotherapy at intervals of four to six weeks for an additional 18 to 24 months." In addition to this information, the medical records submitted for review fail to provide adequate information to substantiate the need for additional services on a weekly basis. The APA Practice Guideline discusses the need to reduce sessions during the maintenance phase of treatment. The request for weekly sessions, after years of ongoing therapy, does not follow this guideline. As a result, the request for "Individual psychotherapy, cognitive behavioral individual psychotherapy, once and a week for six weeks" is not medically necessary. It is noted that the claimant received a modified authorization for 2 individual CBT sessions in response to this request.

Medical hypnotherapy/relaxation training, one session per week for six weeks: 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 and Stress Chapter

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 Recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. (VA/DoD, 2004) (Brom, 1989) (Sherman, 199

Decision rationale: The CA MTUS does not address the use of hypnosis/relaxation sessions therefore, the ACOEM guideline regarding relaxation treatment as well as the Official Disability Guideline regarding the use of hypnosis will be used as reference for this case. Based on the review of the medical records, the claimant has been participating in psychological services through Psychological Assessment Services for the past few years. In his "Psychiatric Agreed Medical Re-Evaluation" report dated 3/27/14, [REDACTED] indicated that the claimant "has had ongoing psychotherapy for many years. There does not appear to be a great deal of improvement in spite of those therapeutic efforts." He further indicated that the claimant "does seem to appreciate the support she receives" and he recommended that "provision be made for continuation of the ongoing psychotherapy at intervals of four to six weeks for an additional 18 to 24 months." In addition to this information, the medical records submitted for review fail to provide adequate information to substantiate the need for additional services on a weekly basis. As a result, the request for "Medical hypnotherapy/relaxation training, one session per week for six weeks" is not medically necessary. It is noted that the claimant received a modified authorization for 2 hypnotherapy/relaxation sessions in response to this request.