

Case Number:	CM14-0161512		
Date Assigned:	10/07/2014	Date of Injury:	05/16/2011
Decision Date:	11/07/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 Psychiatry 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:

Injured worker is a 56 year old male with date of injury 5/16/2011. Date of the UR decision was 9/22/2014. Report dated 7/1/2013 listed subjective complaints as pain in his neck, chest and left shoulder. He had been experiencing difficulty controlling his emotions, felt socially withdrawn and had difficulty communicating. His gastrointestinal problems included pain in his stomach. He reported feeling sad, tired, irritable, low energy, fearful, nervous and restless. Objective findings included sad and anxious mood, nervous, apprehensive and body tensions. He was diagnosed with Depressive Disorder NOS, Anxiety Disorder NOS and Insomnia. Progress report dated 04/21/14 states that the injured worker reported experiencing stress, difficulty controlling emotions and sleeping, sadness, irritability, fear, nervousness and restlessness, anxiety, depression, and heart palpitations. He also noted having distressing dreams, headaches, and flashbacks related to the accident. Objective findings included sad and anxious mood, nervousness, apprehension, and body tension. Diagnoses are depressive disorder NOS, anxiety disorder NOS, and insomnia. The provider recommended group psychotherapy and hypnotherapy/relaxation training one time per week for six months, psychiatric treatment, and follow-up in 45 days. It has been indicated that he has attended psychotherapy treatment since 08/2011, for nearly three years and has attended 65 group therapy sessions. Report dated 6/7/2014 indicated that he was being prescribed Prozac 40 mg and Trazodone 50 mg at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Other: office visit dos: 07/01/2013 times one: 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 Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

Decision rationale: It has been indicated that the injured worker had been receiving psychotherapy 2-4 times a month in 2013. The retrospective request for office visit dos: 07/01/2013 times one is not medically necessary.

Other: group medical psychotherapy times twelve sessions: 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 Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & stress, cognitive therapy for depression

Decision rationale: The submitted documentation suggests that the injured worker has attended psychotherapy treatment since 08/2011, for nearly three years and has attended 65 group therapy sessions. He has already exceeded the maximum number of psychotherapy sessions recommended per ODG and MTUS. The request for group medical psychotherapy times twelve sessions is not medically necessary.

Other: medical hypnotherapy/relaxation times twelve sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic)

Decision rationale: ODG states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited.ODG Hypnotherapy Guidelines:- Initial trial of 4 visits over 2 weeks- With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions)The request for medical hypnotherapy/relaxation times twelve sessions is excessive and not medically necessary.