

<b>Case Number:</b>	CM14-0181061		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/13/2009
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Adult Psychiatry and is licensed to practice in Illinois & Wisconsin. 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 is a 35 year old Hispanic male who was injured in November of 2011. He was evaluated by a psychiatrist in April of 2013 who diagnosed Depressive Disorder NOS, Anxiety Disorder NOS, and Pain Disorder related to both Psychological Factors and General Medical Condition. He showed markedly elevated scores on both the Beck's Depression Inventory (BDI) and the Beck's Anxiety Inventory (BAI). The psychiatrist recommended 20 psychotherapy visits followed by monthly medication management but apparently did not recommend specific medications. The patient's clinical course subsequent to the above mentioned evaluation is not clear, nor is his current status. The provider has requested coverage for three office visits, 3 medical hypnotherapy sessions, and 3 medical group psychotherapy sessions. The previous reviewer denied coverage for the entire above due to lack of medical necessity. This is an independent review of the previous determination to deny coverage for the above mentioned services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient three (3) office visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT).

**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, Summary of Medical Evidence

**Decision rationale:** Office Visits are recommended "as medically necessary" according to the Official Disability Guidelines. The previous reviewer indicated that the patient has had 6 visits thus far. Although the doses are not known, the previous reviewer also indicated that the patient is on Paxil and Ativan which would indicate ongoing monitoring. However as noted above the provider did not submit any information regarding the patient's clinical course or current status. It is possible if not likely that ongoing outpatient office visits are indicated but given the lack of current information the number and frequency cannot be ascertained. Given this information the provider has failed to establish medical necessity for the requested 3 outpatient office visits according to the evidence based guideline cited above.

**Three (3) medical hypnotherapy/relaxation treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT).

**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, Summary of Medical Evidence

**Decision rationale:** The provider did not submit a rationale for the request and there is no current clinical information available. The previous reviewer indicated that the patient has had a total of 12 CBT sessions and 6 hypnotherapy sessions authorized. ODG indicate hypnotherapy and recommend that the number of sessions count as psychotherapy sessions. They also indicate up to 13-20 psychotherapy sessions with evidence of improvement and up to 50 sessions in cases where there is severe depression or post-traumatic stress disorder (PTSD). The patient's current clinical status is not known and there is no indication that the latter circumstances currently apply despite the elevated score on the BDI which was a year and a half ago. Thus the data reviewed fail to establish medical necessity for additional hypnotherapy sessions according to the evidence based Official Disability Guidelines.

**Three (3) group medical psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT).

**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, Summary of Medical Evidence

**Decision rationale:** The provider did not submit a rationale for the request and as noted above there is no current clinical information available. The previous reviewer indicated that the patient has had a total of 18 psychotherapy sessions (12 CBT sessions and 6 hypnotherapy sessions) authorized. Official Disability Guidelines indicate up to 13-20 psychotherapy sessions with evidence of improvement and up to 50 sessions in cases where there is severe depression or PTSD. The patient's current clinical status is not known and there is no indication that the latter circumstances currently apply despite the elevated score on the BDI which was a year and a half ago. Thus the data reviewed fail to indicate medical necessity for additional group medical psychotherapy sessions according to the evidence based ODG as it is not established that the patient has made progress and the presence of a severe condition warranting ongoing therapy is not established.