

Case Number:	CM14-0182824		
Date Assigned:	11/07/2014	Date of Injury:	06/17/2009
Decision Date:	12/15/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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 47 year-old female [REDACTED] with a date of injury of 6/17/09. The claimant sustained injury to her back when she was preparing an order for shipment and was lifting boxes while working for [REDACTED]. In his 6/4/14 "Primary Treating Physician's Follow-Up Report", [REDACTED] diagnosed the claimant with: (1) Lumbar strain and sprain with 1MM disc bulge at L5-S1, per MRI of July 16, 2009; and (2) Hyperflexive exam with positive clonus, suggestive of upper motor neuron disorder. Additionally, in his PR-2 report dated 6/25/14, [REDACTED] diagnosed the claimant with: (1) L/S HNP; (2) L/S Radiculopathy; (3) Anxiety, bilateral SI joint pain; and (4) Left hip pain. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. She has been treated with both psychotropic medications as well as psychotherapy. According to the determination letter dated 10/22/14, the claimant is diagnosed with Depressive Disorder, NOS. Unfortunately, there are no psychological medical records included for review to confirm this diagnosis. The requests under review are for psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation training/hypnotherapy, one session per week for six weeks (total of six):

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

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore; the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in June 2009. She has also struggled with psychiatric symptoms of depression and anxiety. The claimant has been receiving psychological and psychiatric services for the past few years. She has been receiving psychotropic medications from psychiatrist, [REDACTED]. According to reports, she participated in psychotherapy with [REDACTED] for an unknown amount of time. Medical records note that she was evaluated [REDACTED] in May 2014 and began follow-up psychotherapy services with [REDACTED], under the supervision of [REDACTED]. Unfortunately, there are no psychological records to review that would substantiate the request for services. Without sufficient information, the need for psychological services cannot be determined. As a result, the request for Relaxation training/hypnotherapy, one session per week for six weeks (total of six)" is not medically necessary.

Cognitive behavioral individual psychotherapy, two to four sessions per month for six weeks (total of six): Upheld

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

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

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in June 2009. She has also struggled with psychiatric symptoms of depression and anxiety. The claimant has been receiving psychological and psychiatric services for the past few years. She has been receiving psychotropic medications from psychiatrist, [REDACTED]. According to reports, she participated in psychotherapy with [REDACTED] for an unknown amount of time. Medical records note that she was evaluated [REDACTED] in May 2014 and began follow-up psychotherapy services with [REDACTED], under the supervision of [REDACTED]. Unfortunately, there are no psychological records to review that would substantiate the request for services. Without sufficient documentation, the need for psychological services cannot be determined. As a result, the request for Cognitive behavioral individual psychotherapy, two to four sessions per month for six weeks (total of six) is not medically necessary.

