

Case Number:	CM14-0093847		
Date Assigned:	07/25/2014	Date of Injury:	06/27/2008
Decision Date:	10/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/20/2014

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 48 year-old female (██████████) with a date of injury of 6/27/08. The claimant sustained injury to her neck and right shoulder while completing her usual and customary duties as a housekeeper for ██████████. In his "Initial Orthopedic Consultation" dated 12/13/14, ██████████ diagnosed the claimant with: (1) Cervical radiculitis; and (2) Right shoulder impingement syndrome. The claimant has received physical therapy, medications, and injections to treat her orthopedic injuries. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their PR-2 report dated 4/21/14, ██████████ and ██████████, diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; and (3) Female hypoactive sexual desire disorder. The claimant has been receiving psychotropic medications and psychological services (individual and group) to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Psychotherapy and hypotherapy/relaxation training 1X week X4 months (16 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) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the use of group therapy nor hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy and the APA Practice Guideline in the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the limited medical records, the claimant has continued to experience chronic pain as well as symptoms of depression and anxiety. She has been receiving psychopharmacology and psychotherapy services at Psychological Assessment Services however, the exact number of completed sessions is not known. There is a "Requested Progress Report" dated 12/16/13 indicating that the claimant has been receiving group psychotherapy as well as medications management services with a psychiatrist. Based on this report, the claimant has been receiving services prior to December 2013. In the most recent PR-2 report dated 4/21/14, [REDACTED] and [REDACTED], report that the claimant remains depressed. Despite this report, there is insufficient information to determine the need for additional services as recommended by the above cited guidelines. As a result, the request for "group psychotherapy and hypnotherapy/relaxation training 1 x week x 4 months (16 sessions)" is not medically necessary.