

<b>Case Number:</b>	CM15-0009946		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/13/2007
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 injured worker is a 50 year old male, who sustained an industrial injury on February 13, 2007. He has reported injury to his back, left shoulder and neck. The diagnosis is major depressive disorder. Treatment to date has included psychological services and medication. Currently, the injured worker complains of sleep difficulties due to excessive worries. He continues to experience pain that interferes with his activities of daily living and sleep pattern. He reported some improvement in his emotional condition but continues to experience symptoms of anxiety and depression. Objective findings included sad and anxious mood, depressed affect and body tension. On December 19, 2014, Utilization Review non-certified 8 weekly group medical psychotherapy sessions and 8 weekly relaxation training/hypnotherapy sessions, noting the California medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine and Official Disability Guidelines. On January 16, 2015, the injured worker submitted an application for Independent Medical Review for review of 8 weekly group medical psychotherapy sessions and 8 weekly relaxation training/hypnotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 weekly group medical psychotherapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in March 2014. The initial psychological services were requested in April 2014. There were additional requests for follow-up services in July 2014, September 2014, and December 2014, which is the request under review. It is unclear from the supplied "Requested Progress Reports" as to how many completed group psychotherapy sessions have been completed to date. Additionally, there is minimal progress noted related to the completed sessions. In the most recent December 2014 progress report, the progress is noted to be that the injured worker has demonstrated "some improvement in managing emotional symptoms." Although the injured worker was deemed MMI in 2012, the injured worker needs to be able to demonstrate how the psychological services are helping to keep himself stable. Additionally, in the AME report from [REDACTED] from 2012, it was recommended at that time that the injured worker receive 15 psychotherapy sessions. It is assumed that the injured worker has completed at least 15 sessions between May 2014 and December 2014. As a result, the request for an additional 8 weekly group psychotherapy sessions is not medically necessary.

**8 weekly relaxation training/hypnotherapy sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in March 2014. The initial psychological services were requested in April 2014. There were additional requests for follow-up services in July 2014, September 2014, and December 2014, which is the request under review. It is unclear from the supplied "Requested Progress Reports" as to how many completed hypnotherapy/relaxation sessions have been completed to date. Additionally, there is minimal progress noted related to the completed sessions. In the most recent December 2014 progress report, the progress is noted to be that the injured worker has demonstrated "some improvement in managing emotional symptoms." Although the injured worker was deemed MMI in 2012, the injured worker needs to be able to demonstrate how the psychological services are helping to keep himself stable. Additionally, in the AME report from [REDACTED] from 2012, it was recommended at that time that the injured worker receive 15 psychotherapy sessions. It is assumed that the injured worker has completed at least 15 psychotherapy sessions in addition to 15 hypnotherapy/relaxation sessions between May 2014 and December 2014. As a result, the request for an additional 8 weekly relaxation training/hypnotherapy sessions is not medically necessary.

