

<b>Case Number:</b>	CM15-0110568		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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 54 year old male, who sustained an industrial injury on May 26, 2011. The injury occurred when a brick fell and struck the injured worker rendering him unconscious. The injured worker has been treated for head, neck, wrist, back and abdominal injuries. The documentation supports the injured worker also developed teariness in his eyes and ringing in his ears and diminished hearing. The diagnoses have included head injury, cervical sprain/strain, vertigo, cervicobrachial syndrome, intervertebral disc disorder, lumbosacral sprain/strain, shoulder sprain/strain, tinnitus, hearing loss, blurred vision, insomnia, anxiety disorder and major depressive disorder. Treatment to date has included medications, radiological studies, electrodiagnostic studies, MRI, neurological evaluation, pain management specialist, physical therapy and psychological testing. Current documentation dated May 11, 2015 notes that the injured worker reported feeling sad, hopeless and irritable. The injured worker also experienced crying episodes, appetite/weight changes and became socially isolated. He also was noted to have less energy and to be fearful and apprehensive. Objective findings included a depressed affect, memory difficulties, sweaty palms, preoccupation with physical limitations and pain, anxious, sad, enviousness and apprehensive. The treating physician's plan of care included a request for psychotherapy sessions # 12 and hypnotherapy sessions # 12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x 12 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

**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, Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] on 5/11/15. In the report, it was recommended that the injured worker receive 12 follow-up psychotherapy sessions and 12 hypnotherapy/relaxation sessions. The request under review is based on this recommendation. The ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 12 sessions appears reasonable. As a result, the request for 12 psychotherapy sessions is medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions. The request is medically necessary.

**Hypnotherapy/relaxation training x 12 sessions:** Overturned

**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, Hypnotherapy.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] on 5/11/15. In the report, it was recommended that the injured worker receive 12 follow-up psychotherapy sessions and 12 hypnotherapy/relaxation sessions. The request under review is based on this recommendation. The ODG recommends the use of hypnotherapy and indicates that the "number of visits should be contained within the number of psychotherapy visits." Since the ODG recommends "up to 13-20 visits" for initial psychotherapy, the request for 12 hypnotherapy sessions appears reasonable. As a result, the request for 12 hypnotherapy/relaxation sessions is medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 hypnotherapy sessions. The request is medically necessary.