

<b>Case Number:</b>	CM15-0098796		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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 44 year old female, who sustained an industrial injury on 12/26/2012. She has reported injury due to stress and harassment. The diagnoses have included post-traumatic stress disorder; major depressive disorder; generalized anxiety disorder; and insomnia related to generalized anxiety disorder. Treatment to date has included medications, diagnostics, and cognitive therapy. Medications have included Xanax and Zoloft. A progress note from the treating provider, dated 04/13/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of sadness; irritability; less energy; crying episodes; feelings of helplessness; difficulty concentrating; restlessness; muscle tension; dizziness; fearful without cause; feeling apprehensive; excessive worry; flashbacks; sleep difficulties; gastrointestinal disturbances; headaches; and stomach aches and pains. Objective findings included depressed affect; memory difficulties; sweaty palms; anxious and sad mood; nervousness; dysphoric mood; bodily tension; restlessness; and psychological testing revealed significant depressive and anxious symptoms. The treatment plan has included the request for group psychotherapy one time a week for eight weeks; and hypnotherapy/relaxation therapy one time a week for eight weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group psychotherapy 1 time a week for 8 weeks: Upheld**

**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 has continued to experience psychiatric symptoms as a result of the work-related incident in December 2012. It appears that she has had an extensive amount of psychotherapy since that time. In July 2013, the injured worker completed an initial evaluation with [REDACTED] however, follow-up services were not provided. The following month, the injured worker completed an evaluation with [REDACTED] and began subsequent psychotherapy services. [REDACTED] provided psychotherapy for the injured worker from August 2013 through March 2015 for an unknown number of sessions. In the March 30, 2015 report, [REDACTED] reported improvement and indicated that she would be continuing to provide the injured worker with psychotherapy on an as needed basis. Despite this report, the injured worker completed a psychological consultation with [REDACTED] the following month. It is unclear as to the purpose for the evaluation conducted on 4/13/15 by [REDACTED] as there is no documentation indicating the reasons for terminating services with [REDACTED]. In his "Doctor's First Report of Occupational Injury or Illness", there is no documentation regarding prior services. [REDACTED] recommended follow-up services for which the request under review is based. Given the fact that the injured worker has received over 1.5 years of ongoing psychological treatment, the request for additional treatment appears excessive and unnecessary. As a result, the request for 8 weeks of group psychotherapy is not medically necessary.

**Hypnotherapy/relaxation therapy 1 time a week for 8 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Hypnosis; and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, pg. 127, 156.

**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 has continued to experience psychiatric symptoms as a result of the work-related incident in December 2012. It appears that she has had an extensive amount of psychotherapy since that time. In July 2013, the injured worker completed an initial evaluation with [REDACTED] however, follow-up services were not provided. The following month, the injured worker completed an evaluation with [REDACTED] and began subsequent psychotherapy services. [REDACTED] provided psychotherapy for the injured worker from August 2013 through

March 2015 for an unknown number of sessions. In the March 30, 2015 report, [REDACTED] [REDACTED] reported improvement and indicated that she would be continuing to provide the injured worker with psychotherapy on an as needed basis. Despite this report, the injured worker completed a psychological consultation with [REDACTED] the following month. It is unclear as to the purpose for the evaluation conducted on 4/13/15 by [REDACTED] as there is no documentation indicating the reasons for terminating services with [REDACTED]. In his "Doctor's First Report of Occupational Injury or Illness", there is no documentation regarding prior services. [REDACTED] [REDACTED] recommended follow-up services for which the request under review is based. Given the fact that the injured worker has received over 1.5 years of ongoing psychological treatment, the request for additional treatment appears excessive and unnecessary. As a result, the request for 8 weeks of hypnotherapy/relaxation therapy is not medically necessary.