

Case Number:	CM14-0140533		
Date Assigned:	09/10/2014	Date of Injury:	07/04/2014
Decision Date:	10/07/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/29/2014

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 licensed 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 61 year-old female [REDACTED] with a date of injury of 7/4/14. The claimant sustained injury to her neck and shoulder after being struck on the left side of her neck by a client. The claimant sustained these injuries while working as a caregiver for [REDACTED], Inc. In his 8/6/14 progress note, Physician Assistant, [REDACTED], diagnosed the claimant with (1) Contusion - neck left. (2) Pain in neck (cervicalgia); (3) Anxiety - situational; and (4) Headache. Claimant has been initially treated with physical therapy and medications. Additionally, in his "Primary Treating Physician's Initial Neurological & Pain Management Evaluation Report and Request for Authorization" dated 8/22/14, [REDACTED] diagnosed the claimant with: (1) Myoligamentous injury, cervical spine, with radicular symptoms into left arm; (2) Tinnitus; and (3) Left-sided headaches, cervicogenic. It is also reported that the claimant has developed symptoms of depression and anxiety secondary to her work-related orthopedic injuries. In his "Doctor's First Report of Occupational Injury or Illness" dated 8/13/14, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Generalized anxiety disorder; (3) Female hypo-active sexual desire disorder due to chronic pain; (4) Insomnia related to generalized anxiety disorder and chronic pain; and (5) Stress-related physiological response affecting psychological response affecting gastrointestinal disturbances and headaches. The claimant has yet to participate in any psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive Behavioral Group Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Cognitive therapy for d. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines; Mental Illness and Stress (acute and chronic)

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 Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] on 8/13/14. In that evaluation, the claimant was referred for follow-up psychotherapy services, hypnotherapy/relaxation sessions, and a psychiatric evaluation with follow-up services. The request under review are for initial sessions. The ODG recommends an "initial trial of 6 visits over 6 weeks". Given this guideline, the request for an initial 12 sessions exceeds the initial number of sessions set forth by the ODG. As a result, the request for "12 Cognitive Behavioral Group Psychotherapy" is not medically necessary.

12 hypnotherapy/relaxation training: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress

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 Hypnosis Recommended as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. (VA/DoD, 2004) (Brom, 1989) (Sherman, 199

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] on 8/13/14. In that evaluation, the claimant was referred for follow-up psychotherapy services, hypnotherapy/relaxation sessions, and a psychiatric evaluation with follow-up services. The request under review are for initial hypnotherapy/relaxation sessions. The ODG recommends that the "number of visits should be contained within the number of psychotherapy visits". Since the ODG recommends that there be

an "initial trial of 6 visits over 6 weeks" for the cognitive treatment of depression, the request for an initial 12 hypnotherapy/relaxation sessions exceeds the initial number of sessions set forth by the ODG. As a result, the request for "12 hypnotherapy/relaxation training" is not medically necessary.

8 monthly follow-ups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388;405. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress

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 Office visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guidelines regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [REDACTED] on 8/13/14. In that evaluation, the claimant was referred for follow-up psychotherapy services, hypnotherapy/relaxation sessions, and a psychiatric evaluation with follow-up services. The request under review pertains to follow-up psychiatric visits. Because there has yet to be a psychiatric evaluation completed, the request for an additional 8 monthly visits is premature. As a result, the request for "8 monthly follow-ups" is not medically necessary.