

Case Number:	CM13-0051403		
Date Assigned:	12/27/2013	Date of Injury:	08/24/2009
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/01/2013

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 30 year-old female with a date of injury of 8/24/09. The claimant sustained injury to her back when she picked up a load of wet towels and dirty sheets and experienced immediate pain in her lower back. She sustained this injury while working as a housekeeper. She has been diagnosed in the past with musculoligamentous sprain of the lumbar spine with myofascitis and radiculitis and been medically treated via medications, injections, physical therapy, acupuncture, and chiropractic. In his report dated 10/21/13, [REDACTED] diagnosed the claimant with: (1) Musculoligamentous sprain of the lumbar spine; (2) Herniated disc disease; and (3) 6.3 mm central and right paracentral disc protrusion that mildly compress of the right S1 transiting nerve root. In addition, the claimant sustained injury to her psyche secondary to her work-related injury. In an initial psychological consultation report conducted by [REDACTED] and dated 9/12/12, the claimant was diagnosed with Major Depressive Disorder, single episode, mild and Anxiety Disorder, not otherwise specified. These diagnoses have remained unchanged since that initial evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Based on the review of the medical records, the claimant has received approximately 55 hypnotherapy sessions from [REDACTED] since September

2012. There is insufficient information presented regarding progress from completed sessions to warrant additional sessions

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: Based on the review of the medical records, the claimant has received approximately 55 hypnotherapy sessions from [REDACTED] since September 2012. There is insufficient information presented regarding progress from completed sessions to warrant additional sessions. Additionally, the request for hypnotherapy remains too vague. The request did not indicate how many additional sessions are being requested and over what duration of time. Therefore, the requested hypnotherapy is not medically necessary or appropriate.

Office visit with a psychologist: Overturned

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

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: Based on a review of the medical records, the claimant has been receiving psychological services from [REDACTED] since September 2012. She has received hypnotherapy, relaxation services, and group psychotherapy. Additionally, [REDACTED] has completed periodic assessments. Considering that the claimant is continuing to receive services, an additional office visit is warranted. Therefore, the requested office visit is medically necessary and appropriate.