

Case Number:	CM13-0053045		
Date Assigned:	12/30/2013	Date of Injury:	11/17/2011
Decision Date:	03/20/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 physician 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 patient is a 61-year-old female who reported an injury on November 17, 2011. The mechanism of injury involved repetitive lifting. The patient is diagnosed with pain disorder associated with both a general medical condition and psychological factors, as well as major depressive disorder. The patient was seen by [REDACTED] on August 30, 2013. The patient reported insomnia, increased anxiety attacks, lack of motivation, and hopelessness. Objective findings were not provided. Treatment recommendations included individual psychotherapy, the use of a CD series for home use, a pain group along with medical hypnosis that teaches mindful meditation, biofeedback training, a 9-week weight management and nutrition program, continuation of treatment with psychiatrist [REDACTED], and a referral to a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a Pain group, along with medical hypnosis that teaches mindfulness meditation:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The Official Disability Guidelines state that indications for using hypnosis include treatment of PTSD. Hypnosis should only be used by credentialed healthcare professionals who are properly trained in the clinical use of hypnosis and are working within the area of their professional expertise. The patient does not maintain a diagnosis of PTSD. Additionally, the number of sessions requested was not provided. Although the patient does report psychiatric symptoms, there is no documentation of an exhaustion of more traditional conservative treatment. A previous request for a pain group with medical hypnosis was submitted in June 2013 as well. Documentation of the patient's previous treatment with psychiatrist [REDACTED] was not provided for review. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.