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| Case Number: | CM13-0065897 | | |
| Date Assigned: | 04/02/2014 | Date of Injury: | 10/04/2011 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 11/21/2013 |
| Priority: | Standard | Application Received: | 12/12/2013 |

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 licensed in Psychology and is licensed to practice in Texas. 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 injured worker is a 37-year-old male with a reported date of injury on 10/04/2011; the mechanism of injury was not provided within the medical records. The psychological assessment services note dated 08/16/2013 noted the injured worker reported he was worried about his second surgery to the right wrist. The provider noted the injured worker had fair insight and judgment. The injured workers medication regimen included Wellbutrin 300 mg, 1 daily, and Trazodone 200 mg, 1 at bedtime. The injured worker is to continue current medications. The clinical note for 9-28-2013 notes that the injured worker reports improved sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOTHERAPY/RELAXATION TRAINING ONE TIME A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 9th Edition, Pain, Hypnosis and Mental Illness & 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) Pain, Hypnosis.

Decision rationale: The Official Disability Guidelines recommend hypnosis as a conservative option depending on the availability of providers with proven outcomes, but the quality of evidence is weak. The guidelines state an initial trial of 4 visits over 2 weeks, with evidence of objective functional improvement, total of up to 10 visits over 6 weeks of individual sessions. The requesting physician's rationale for the request was unclear within the provided documentation. The clinical note dated 08/2013, the most current one provided for review, did state that the injured worker was concerned over the second surgery pending for his right wrist. There was not a full and complete assessment of the patient's psych condition provided in order to demonstrate the patient's need for the therapy as well as to provide a baseline by which to assess objective functional improvements with the therapy that the injured worker was receiving. The documentation provided did not indicate the patient's prior course of treatment as well as the efficacy of the prior treatment. Therefore, the request is non-certified.