

Case Number:	CM13-0066955		
Date Assigned:	04/02/2014	Date of Injury:	04/05/2008
Decision Date:	05/27/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 47-year-old male who reported an injury on 04/05/2008. The mechanism of injury was not provided. The injured worker is currently diagnosed with chronic anxiety. The injured worker was evaluated on 11/15/2013. The injured worker reported persistent symptoms including sleep difficulty and anxiety. Objective findings revealed a less intense and anxious mood with optimism about the future. Treatment recommendations included cognitive behavioral group psychotherapy for 12 weeks, as well as relaxation training/hypnotherapy once per week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY AND RELAXATION, 1 TIME A WEEK FOR 12 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The MTUS Chronic Pain Guidelines state behavioral interventions are recommended. The Guidelines allow for an initial trial of 3 to 4 psychotherapy visits over 2

weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 weeks may be appropriate. The current request for medical hypnotherapy and relaxation once per week for 12 weeks greatly exceeds the MTUS Chronic Pain Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate.