

<b>Case Number:</b>	CM13-0068505		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/12/2013
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 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 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 37 year old male with a date of injury of 1/12/13. According to medical reports, while working for [REDACTED], the claimant sustained injuries to his right hand and psyche when a switch box of a compressor exploded on the patient's right hand, not only burning his hand, but also causing his clothing to catch on fire. He was treated via two surgical procedures immediately following the incident, one of which included a skin graft from his right leg. He has also received other treatments including medication and physical therapy. In regards to the injury to his psyche, the claimant has been receiving psychological and medication management services. In his "Psychological Consultation Report/Request for Treatment Authorization" dated 7/1/13 and the most recent RFA form dated 11/13/13, diagnosed the patient with the following: (1) Depressive Disorder NOS; (2) Post-traumatic Stress Disorder; and (3) Insomnia related to PTSD. It is the claimant's psychiatric diagnoses that are relevant in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICAL HYPNOTHERAPY 1X12 (DEPRESSIVE DISORDER, POST TRAUMATIC STRESS DISORDER, INSOMNIA): 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), 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:** The CA MTUS does not address the use of hypnosis in the treatment of pain nor any other psychiatric condition. As a result, the Official Disability Guidelines regarding the use of hypnosis in the treatment of PTSD will be used as reference in this case. The ODG recommends that the number of hypnotherapy visits "should be contained within the total number of psychotherapy visits". Based on the medical records, the claimant has been receiving group sessions. Although individual psychotherapy was authorized in September 2013, it is unclear whether the claimant received separate individual psychotherapy outside of group therapy. It is also unclear whether the claimant has received previous hypnotherapy sessions or if this request is for initial treatment. There is limited information within the medical records to clarify the types and exact number of psychological services completed to date. Also, although hypnotherapy is approved as a treatment for PTSD, there is not enough information within the medical records to substantiate the need for such services and the request for 12 hypnotherapy sessions appears excessive. Due to the lack of supporting information, the request for "Medical hypnotherapy 1x12 (depressive disorder, post traumatic stress disorder, insomnia " is not medically necessary.

**FOLLOW-UP EVALUATION WITH PSYCHOLOGIST (DEPRESSIVE DISORDER, POST TRAUMATIC STRESS DISORDER, INSOMNIA):** 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), Mental Illness and Stress Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The CA MTUS guideline regarding psychological evaluations will be used as reference in this case. Based on the review of the medical records, the claimant received a psychological evaluation with [REDACTED] on 7/1/13. It is unclear why a follow-up evaluation is being requested. The claimant is in the process of receiving psychological services, although the medical records offered for review do not provide very specific information on those services. Until the services are completed and/or the services need to be re-evaluated, the request for another psychological evaluation appears premature. As a result, the request for a "follow-up evaluation with a psychologist (depressive disorder, post traumatic stress disorder, insomnia " is not medically necessary.