

Case Number:	CM13-0070428		
Date Assigned:	01/03/2014	Date of Injury:	08/07/2012
Decision Date:	08/07/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/23/2013

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 Clinical 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:

Based on the base on the records provided for this independent review, this patient is a 30 year old male who reported an industrial/occupational work-related injury on August 7, 2012, when 2,500 pound steel plate hit him in the legs, waist/pelvis area, knocking him down and pinning him to the asphalt ground nearly; resulting in a crush injury to his bilateral legs with severe fractures, spinal and knee injuries. Psychologically, the patient has been diagnosed with major depressive disorder, single episode, mild; generalized anxiety disorder; posttraumatic stress disorder chronic; male hypoactive sexual desire disorder due to chronic pain; insomnia related to generalized anxiety disorder and chronic pain; and stress-related physiological response affecting headaches. The patient presents with depressed mood, memory problems for concentration, preoccupation with physical limitations, and nervousness. A request for hypnotherapy/relaxation therapy one a week for 12 weeks was made and not medically necessary. This request for an independent review will address a request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOTHERAPY/ RELAXATION TRAINING ONCE A WEEK FOR TWELVE WEEKS: Overturned

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

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, topic: Hypnosis.

Decision rationale: The MTUS guidelines for hypnosis/relaxation therapy is silent on the matter. However, the ODG treatment guidelines do address the issue and states that for patients who have PTSD hypnosis, when used by credentialed health professionals were properly trained in the use of hypnosis, can be a valuable treatment at the core symptoms associated with PTSD such as nightmares, which this patient is reporting. The patient's diagnosis is consistent with the utilization of this treatment modality and the requested quantity can fall within the recommended maximum of 13 to 20 visits, if progress is being made. It does not appear that the patient has had any prior treatment efforts at the time this request was made. The number of visits should be contained within the total number of psychotherapy visits. Although it should be emphasized that the number of visits of hypnotherapy slash relaxation therapy should be contained within the total number of psychotherapy visits, and that this should be taken into account if further requests for treatment are made. The request to overturn the non-certification is approved. As such, the request is medically necessary.