

Case Number:	CM14-0000242		
Date Assigned:	01/10/2014	Date of Injury:	09/28/2012
Decision Date:	06/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 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:

The claimant is a 40 year-old female (██████████) with a date of injury of 9/28/12. The claimant sustained injury to her psyche as the result of of experiencing work-related stress while working as a buyer for Ingram Micro. In his 10/21/13 "Psychological Consultation Report/Request for Treatment Authorization" and the follow-up 11/22/13 RFA form, ██████████ diagnosed the claimant with: Depressive disorder NOS; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder; and (4) Insomnia. In addition, the claimant was diagnosed with Anxiety disorder NOS and Major depressive disorder, single episode, in partial remission by ██████████ in his "Panel Qualified Medical Re-Examination in Psychology" dated 12/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIXTEEN (16) HYPNOTHERAPY AND RELAXATION TRAINING SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Disability Guidelines (ODG), Mental Illness and Stress Chapter.

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnosis will be used as reference for this case. In addition, the CA MTUS ACOEM guidelines regarding the use of relaxation techniques will also be used as reference. Based on the review of the medical records, the claimant has participated in psychotherapy in the past. It appears that she began receiving services with [REDACTED] in 2012 and most recently switched to [REDACTED] in April 2013. It is unclear from the records as to how many treatment sessions (individual psychotherapy, group therapy, and/or hypnotherapy) have been completed to date nor the progress or objective functional improvements achieved through those sessions as there are no current progress notes or reports offered for review. Given the insufficient information, the need for additional hypnotherapy / relaxation training sessions cannot be determined. As a result, the request for Sixteen (16) Hypnotherapy and Relaxation Training Sessions are not medically necessary.