

Case Number:	CM14-0002014		
Date Assigned:	01/17/2014	Date of Injury:	02/08/2010
Decision Date:	06/06/2014	UR Denial Date:	12/06/2013
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 Psychologist 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 patient is a 60-year-old male who sustained several work related injuries. In 2004 he injured his right foot, in 2008 he injured his right leg, and on February 8, 2010 a drilling machine he was using broke, resulting in him falling and hitting his hand on the floor with brief unconsciousness. He also experienced pain in his hands, wrist, back and groin and subsequently experienced photosensitivity, dizziness, tinnitus, and some trouble with memory and concentration. He also suffered a cumulative trauma resulting in pain in his hands, arms, neck, and back. The patient also reported occupational stressors starting the day after the last specific injury on February 8, 2010, including several incidences involving supervisors and an assistant supervisor. On October 19, 2013, the patient was diagnosed with depressive disorder, NOS, and panic disorder with agoraphobia and given a GAF of 65. On October 28, 2013, the patient was diagnosed with post bilateral shoulder surgery with residual pain, cervical spine sprain/strain with MRI finding of disc protrusion at C3-C4, C4-C5, and C5-C6, lumbar sprain/strain, MRI finding of disc protrusion at L2-L3, L3-L4, L4-L5, and L5-S1, and history of uncontrolled diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY 1 TIMES A WEEK TIMES 6 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) Pain Hypnosis.

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 & Stress; Hypnosis.

Decision rationale: The Expert Reviewer's decision rationale: Hypnotherapy is used as an adjunctive treatment option for PTSD. There is no evidence the patient is either suffering from or was diagnosed with PTSD. The request for medical hypnotherapy one time a week for six weeks is not medically necessary.

GROUP PSYCHOTHERAPY 1 TIMES A WEEK TIMES 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

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

Decision rationale: There is some evidence that the patient received mental health treatment for his work-related injuries; however, it is not clear how many sessions the patient attended and there is no evidence of objective functional improvement as a result of the provided therapy sessions. The request for group psychotherapy one time a week for six weeks is not medically necessary.