

Case Number:	CM14-0006970		
Date Assigned:	02/07/2014	Date of Injury:	01/15/2009
Decision Date:	06/10/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/15/2014

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management, 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:

According to the records provided for this independent medical review, this patient is a 51-year-old who reported an industrial/occupational work-related injury on January 15, 2009. The patient has been diagnosed with Major Depressive Disorder, single episode, moderate; Anxiety Disorder, NOS; Psychological Factors affecting medical condition (stress intensified headaches and gastritis); PTSD (post-traumatic stress disorder), chronic, in partial remission, non-industrial; Obsessive Compulsive Disorder, mild, non-industrial. The patient reports feeling very depressed, sad, and discouraged about his physical disabilities as well as pessimistic and frustrated. He is sad, social withdrawn, and feels restless; he also reports sleep difficulties, poor concentration, and memory difficulties. He presents with persistent anxiety and depression and mental preoccupation with his condition. A request for medical hypnotherapy was non-certified, this independent medical review will address a request to overturn this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines - Treatment For Workers' Compensation, Online Edition, Chapter: Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Topic Hypnosis.

Decision rationale: The MTUS guidelines are non-specific with respect to medical hypnotherapy. However it is mentioned in the Official Disability Guidelines (ODG), which states that it can be used as an adjunctive therapy for patients who have a diagnosis of PTSD. Based on my review of this patient's medical records this patient does have a diagnosis of PTSD, however it is specifically stated that it is non industrial related therefore it would not qualify for the type of mental injury that would be treated under his work comp benefits. In addition, the request for medical hypnotherapy was made without specifying the number of sessions being requested, making it essentially an open-ended request which would translate into unlimited therapy were it to be approved. The request for medical hypnotherapy is not medically necessary or appropriate.