

Case Number:	CM14-0101729		
Date Assigned:	07/30/2014	Date of Injury:	12/27/2012
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Child and Adolescent Psychiatry 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 injured worker is a 35 year old male who suffered an injury at work on December 27, 2012. The mechanism of injury is described as a fall from a conveyor belt and injured his shoulders, back, neck, and head. The injured worker subsequently developed symptoms of depression, anxiety and insomnia secondary to chronic pain. In the February 5, 2014 psychiatric progress report, the injured worker was diagnosed with Depression and Anxiety. The current request is for Medical Hypnotherapy and Relaxation Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy and relaxation therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hypnosis.

Decision rationale: MTUS is not applicable. The Official Disability Guidelines (ODG) indicates that hypnosis is useful and in studies, has been shown to be beneficial as an adjunctive therapy in the treatment of individuals diagnosed with Post Traumatic Stress Disorder (PTSD). There is

also a published meta-analysis of studies which shows some benefit also in the treatment of Irritable Bowel Syndrome (IBS). The injured worker is diagnosed with Depression and Anxiety, but is not diagnosed with PTSD or IBS. As a result, the request for medical hypnotherapy and relaxation therapy is not medically necessary.