

Case Number:	CM14-0108622		
Date Assigned:	08/01/2014	Date of Injury:	05/24/2006
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 licensed 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 49 year-old female with a date of injury of 5/24/06. The claimant sustained this injury while working for [REDACTED]. The mechanism of injury was not found within the limited medical records submitted for review. In his "Initial Consultation Report/Medical Record Review" dated 3/17/14, Dr. [REDACTED] diagnosed the claimant with depressive disorder, not otherwise specified (NOS); anxiety disorder, not otherwise specified (NOS); and pain disorder associated with both psychological factors and a general medical condition. The claimant has been treating her psychiatric symptoms with psychotropic medications and psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation Training/Hypnotherapy once (1) a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy; Official Disability Guidelines - TWC Mental Illness & Stress Chapter.

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

Decision rationale: The California MTUS does not address the use of relaxation/hypnotherapy therefore, the ACOEM guideline regarding relaxation techniques and the Official Disability Guideline regarding the use of hypnotherapy will be used as references for this case. Based on the medical records, the claimant completed an initial psychological evaluation on March 17, 2014 and subsequently began individual psychotherapy. However, other than the initial evaluation, there are no recent psychological records included for review. As a result, the number of completed sessions of individual psychotherapy and/or relaxation/hypnotherapy as well as the progress and improvements from those sessions is not known. Without documentation supporting and substantiating the need for further services, the need for additional sessions cannot be determined. As a result, the request for Relaxation Training/Hypnotherapy once a week for six weeks is not medically necessary.