MAXIMUS Federal Services

Case Number:	CM14-0125895		
Date Assigned:	08/11/2014	Date of Injury:	05/22/2013
Decision Date:	09/18/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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 Texas. 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 30-year-old male who reported an injury on 05/22/2013 after being struck by a crane, falling, and having his bilateral lower extremities crushed by the rolling vehicle. The injured worker was diagnosed with a crush injury to both legs with multiple open wounds, a history of fractures to the left foot healed, thoracolumbar pain, major depressive disorder, generalized anxiety disorder, post-traumatic stress disorder, and male hypoactive sexual desire. Prior treatments included group psychotherapy therapy. Previous diagnostic studies related included x-rays on 05/22/2013 and 05/30/2013 and an MRI of the right leg which was performed on 06/27/2013. The injured worker underwent right calf abscess surgery on 08/25/2013, left inner leg debridement and abscess excision of the left lower leg, correction of a fracture to the left foot, multiple open wounds sustained in the injury, and treatments to assist in recurring infections. On 03/28/2014, the injured worker reported to his psychiatrist feelings of persecution at work as well as intense pain interfering with his work duties and recurring memories of his industrial accident while at work. The complaint reported to the psychiatrist compelled him to remove the injured worker from the work place at that time. On 07/11/2014, the injured worker saw his psychiatrist and reported an improvement in his emotional condition. However, his persistent pain interfered with his activities of daily living and sleep. The injured worker stated he felt sad, tired, emotional, and sensitive. He had flashbacks and nightmares about his industrial accident. He felt nervous, panicky, and hypervigilant. He had intrusive recollections of his workplace and worried about the future and his physical condition. He felt shaky and had heart palpitations as well as breathing difficulties especially when he was reminded of the accident. The physician noted a sad and anxious mood with poor concentration, over-talkative, and preoccupied with his physical symptoms. The injured worker ambulated with a cane. The physician noted body tension and the injured worker being close to tears.

Psychiatric diagnostic testing was not documented. The injured worker was prescribed Butrans patches, Elavil, Lidoderm 5%, Neurontin, and Norco by his primary care physician. The psychiatrist felt the injured worker was in need of continued treatment for his symptoms of depression and anxiety. The treatment goals included decreasing the frequency and intensity of depressive symptoms, improving the duration and quality of sleep, decreasing the frequency and intensity of anxious symptoms, and assisting in development of rational thoughts about pain. The physician recommended continuing cognitive behavioral group cycle therapy and recommended relaxation training and hypnotherapy for the injured worker in order to help the patient manage stress and levels of pain. The request for authorization form was signed on 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Relaxation/Hypnotherapy related to lumbar spine injury, once a week for 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 - Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Stress/Mental Illness.

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: The request for 6 additional relaxation/hypnotherapy related to lumbar spine injury, once a week for 6 weeks is non-certified. The Official Disability Guidelines recommend hypnotherapy in the treatment of post-traumatic stress disorder. The guidelines note hypnotic techniques may be especially valuable for symptoms often associated with post-traumatic stress disorder, such as dissociation and nightmares. Patients with post-traumatic stress disorder who manifest at least moderate hypnotizability may benefit from the addition of hypnotic techniques to their treatment, because confronting traumatic memories may be very difficult for some PTSD patients, hypnotic techniques may provide them with a means to modulate the emotional and cognitive distance from such memories as they are worked through therapeutically. The guidelines recommend up to 13-20 visits over 7-20 weeks if progress is being made and in cases of severe Major Depression or PTSD, up to 50 sessions may be recommended if progress is being made. Contradictions to hypnosis would be patients who are reluctant to undergo hypnosis either because of religious beliefs or other reasons. The injured worker has been treated for crush injuries through primary care physicians and orthopedics. The psychiatrist has only noted that the injured worker is being treated for anxiety and depression. The requesting physician did not include a psychological assessment which documented a baseline assessment with quantifiable values prior to beginning hypnotherapy as well as an assessment with quantifiable values after completion of the prior sessions. There is a lack of documentation indicating the injured worker had significant objective improvement with the prior sessions of hypnotherapy. The requesting physician also did not specify the number of sessions of hypnotherapy the injured worker has completed. As such, the request is non-certified.