

Case Number:	CM14-0135420		
Date Assigned:	08/29/2014	Date of Injury:	09/09/2009
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 patient is a 50-year-old female, who has submitted a claim for depressive disorder, NOS; anxiety disorder; female hypoactive sexual desire and sleep disorder associated with an industrial injury date of September 9, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persisting pain that affects her ADLs and sleep. There was also a feeling of sadness, nervousness and irritability. Physical examination revealed that the patient is alert and oriented to person, time and place. Patient was cooperative with engaging mood and appropriate affect. Speech was normal in rate and tone. Thought processes were within normal limits. There was no suicidal ideation. Patient had a fair insight and judgment. Treatment to date has included cognitive behavioral therapy, hypnotherapy (since November 2013), medications and surgeries. Utilization review from August 12, 2014 denied the request for medical hypnotherapy/relaxation session 1x per week for 6 weeks; however reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation Session 1 times week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: The patient is a 50-year-old female, who has submitted a claim for depressive disorder, NOS; anxiety disorder; female hypoactive sexual desire and sleep disorder associated with an industrial injury date of September 9, 2009. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persisting pain that affects her ADLs and sleep. There was also a feeling of sadness, nervousness and irritability. Physical examination revealed that the patient is alert and oriented to person, time and place. Patient was cooperative with engaging mood and appropriate affect. Speech was normal in rate and tone. Thought processes were within normal limits. There was no suicidal ideation. Patient had a fair insight and judgment. Treatment to date has included cognitive behavioral therapy, hypnotherapy (since November 2013), medications and surgeries. Utilization review from August 12, 2014 denied the request for medical hypnotherapy/relaxation session 1 times per week for 6 weeks; however reasons for denial were not made available.