

Case Number:	CM14-0156286		
Date Assigned:	09/25/2014	Date of Injury:	07/26/2011
Decision Date:	10/28/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/24/2014

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 Internal Medicine, has a subspecialty in Nephrology, 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 49-year-old female who has submitted a claim for major depressive disorder, GAD, insomnia, and psychological factors affectation associated with an industrial injury date of 7/26/2011. Medical records from 1/11/2013 up to 7/1/2014 were reviewed showing depressed affect. Patient was tearful and emotional, anxious and fears the worst happening with regards to her physical condition. The only psychological report available for review was dated 3/15/2014 with an MSE revealing fair hygiene, alert sensorium, oriented, cooperative attitude, pleasant mood, normal speech, normal thought process, no suicidal or homicidal ideations, and fair insight and judgment. A UR on 2/13/14 determined 6 group psychotherapy sessions and 6 medical hypnotherapy sessions were medically necessary. UR dated 7/14/14 was considered medically necessary for an additional 6 Sessions of Group Psychotherapy. Treatment to date has included psychotherapy, Zoloft, Gabapentin, Trazodone, and Prilosec Utilization review from 9/12/2014 denied the request for Medical Hypnotherapy/Relaxation. There is no detailed discussion of the efficacy of prior treatment and psychotherapy. Patient has had no improvement even after 18 sessions which have exceeded guidelines recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation: 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) Pain Chapter, Hypnosis

Decision rationale: CA MTUS does not specifically address hypnosis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. In this case, the patient is diagnosed with major depressive disorder, GAD, insomnia, and psychological factors affectation. However, she has previously attended 18 sessions of Psychotherapy with Medical Hypnotherapy, which is well beyond the recommended 10 visits. There was no documentation of progress or functional benefit of said therapy. In addition, the number of additional visits requested was not indicated. Therefore, the request for Medical Hypnotherapy/Relaxation is not medically necessary.