

Case Number:	CM14-0173183		
Date Assigned:	10/24/2014	Date of Injury:	04/08/2010
Decision Date:	12/03/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/20/2014

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 a licensed Psychologist, 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 54 year-old female [REDACTED] with a date of injury of 4/8/10. The claimant sustained injury to her head and neck when she was struck in the head by a construction worker carrying lumbar while working for [REDACTED]. In their PR-2 report dated 7/14/14, Physician Assistant, [REDACTED], and [REDACTED], diagnosed the claimant with: (1) Posttraumatic head injury; (2) Chronic pain syndrome; and (3) Somatoform disorder. It is also reported that the claimant developed psychiatric symptoms. In his "Psychological Permanent and Stationary Evaluation" dated 8/19/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Insomnia related to generalized anxiety disorder and chronic pain; (4) Stress-related physiological response affecting general medical condition, gastrointestinal disturbances, headaches; and (5) Cognitive disorder, NOS. The claimant has been receiving psychological services from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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 Chapter

Decision rationale: Based on the review of the medical records, the claimant has received treatment in the past and most recently, was evaluated by [REDACTED] in January 2014. She has been participating in both group psychotherapy and receiving hypnotherapy sessions since that time. It is unclear as to how many hypnotherapy sessions have been completed to date. Although the claimant remains symptomatic, she has already completed quite a bit of hypnotherapy sessions and has likely already exceeded the total number of visits, which is recommended as 20 (psychotherapy visits) by the ODG. Additionally, in his "Psychological Permanent and Stationary Evaluation" dated 8/19/14, [REDACTED] suggested that the claimant "continue to participate in cognitive-behavioral and supportive psychotherapy on a twice per month basis..." He does not mention hypnotherapy services. As a result of the above information, the request for additional sessions of "Medical hypnotherapy" is excessive and not medically necessary.