

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0023372 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 04/30/2011 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/25/2014 |

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 Physical Medicine & Rehabilitation 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 injured worker is a 39 year old male who reported an injury on 04/30/2011 due to a fall. On 01/29/2014 he reported feeling sad, hopeless/helpless, irritable, crying episodes, appetite and weight changes, sensitive/emotional, thoughts of death and suicidal ideas. Physical examination revealed a depressed affect, memory difficulties, preoccupied with physical limitations and pain, anxious and sad mood, nervousness, bodily tension and restlessness. On 11/09/2013 psychological testing revealed a beck anxiety inventory score of 24 and a global assesment of functioning (GAF) score of 47. His diagnoses included severe major depressive disorder without psychotic features, chronic posttraumatic stress disorder, and insomnia related to PTSD and chronic pain, mental disorder due to head trauma, and status post orthopedic injury and head injury. The injured worker had attended counseling. The treatment plan was for hypnotherapy/relaxation training once a week for 8 weeks. The request for authorization was signed on 02/03/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOTHERAPY/RELAXATION TRAINING ONCE A WEEK FOR 8 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The injured worker was noted to have severe major depressive disorder and chronic post-traumatic stress disorder. Per ACOEM Guidelines, the goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic and cognitive functions in response to stressors. Using these techniques can be preventive or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiologic responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. The injured worker could possibly benefit from the use of relaxation techniques, however, hypnotherapy does not fall under the recommended relaxation techniques. The rationale for the use of hypnotherapy versus the recommended techniques listed above was not provided. As such, the request is not medically necessary.