

Case Number:	CM14-0028829		
Date Assigned:	03/21/2014	Date of Injury:	06/14/2011
Decision Date:	10/03/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/22/2014

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 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 51-year-old male who reported an injury on 06/14/2011. The mechanism of injury was not provided. On 12/18/2014 the injured worker presented with pain in the back, legs and neck. The diagnosis was esophageal reflux. Upon examination the injured worker wore a back brace and the physical examination was within normal limits. The provider recommended medical hypnotherapy relaxation 1 session a week for 12 weeks. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY/RELAXATION 1 SESSION PER WEEK FOR 12 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness & stress

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Hypnosis.

Decision rationale: The California MTUS/ACOEM Guidelines state the goal of relaxation techniques is to teach the injured worker to voluntarily change his or her physiologic and cognitive function response to stressors. Using these techniques can be preventative or helpful for injured workers in chronically stressful conditions. The Official Disability Guidelines further state that hypnosis is recommended as an option for injured workers with PTSD (post traumatic stress disorder). Hypnotic techniques have been reported to be effective for symptoms often associated with PTSD, such as pain, anxiety and repetitive nightmares. There is a lack of documentation indicating the injured worker has a diagnosis concurrent with the guideline recommendation for hypnotherapy. As hypnotherapy is not warranted, relaxation techniques 1 session for 12 weeks would not be indicated. As such, medical necessity has not been established. Therefore, the request for Medical Hypnotherapy/Relaxation 1 session per week for 12 weeks is not medically necessary.