

Case Number:	CM14-0031471		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2012
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 claimant is a 47 year old injured worker with date of injury 6/7/12. He developed pain in his thighs, knees, and back as a result of his injury. Per 1/14/14 progress report, he reported feeling sad, helpless, irritable, angry, and depressed. Objective findings included a depressed affect, memory difficulties, poor concentration, and apprehension. AXIS I diagnoses include major depressive disorder, single episode, mild; anxiety disorder NOS; insomnia related to anxiety disorder NOS and chronic pain; stress-related physiological response affecting gastrointestinal disturbances and headaches; opioid abuse, sustained full remission. The records submitted for review do not indicate that psychotherapy or psychotropic medications have been utilized The date of UR decision was 1/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOTHERAPY/RELAXATION TRAINING 1 X PER WEEK FOR 12 WEEKS:

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) Post-Traumatic Stress Disorder (PTSD).

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

Decision rationale: According to the Official Disability Guidelines (ODG) states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited." Additionally the ODG regarding Hypnotherapy Guidelines state" initial trial of 4 visits over 2 weeks...With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions)." In this case the request for 12 sessions of hypnotherapy/relaxation training exceeds the ODG recommended guideline of a 4 visit trial over 2 weeks. The request for Hypnotherapy/relaxation training once a week for twelve weeks is not medically necessary and appropriate.