

Case Number:	CM14-0037366		
Date Assigned:	04/02/2014	Date of Injury:	11/25/2011
Decision Date:	06/12/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/12/2013

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 Clinical Psychology 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:

Based on the records provided for this independent medical review, this patient is a 51-year-old who reported an industrial/occupational work-related injury on February 26, 2013. At the time of his injury he was employed with [REDACTED] as a truck driver and during his usual and customary work duties he was off loading empty bread trays into the warehouse when a roll up door rolled down and crushed him as it was closing. For a time he was completely confined to a wheelchair as a paraplegic but now has some severely limited mobility with significant pain. He is s/p emergency cervical surgery with fusion after having multiple requests for surgery delayed. He has the following psychological diagnoses: Major Depressive Disorder, single episode, moderate Generalized Anxiety Disorder, Male erectile disorder due to medical condition, Insomnia related to Generalized Anxiety Disorder and chronic pain, and Psychological factors affecting medical condition (GI disturbances, high blood pressure diabetic, and headache); Mental disorder related to head trauma, and cognitive disorder not otherwise specified. He is taking opiates medications for pain. In addition there is shoulder pain. This patient has multiple medical complex medical diagnoses are well documented in his chart. He reports poor sleep with pain interrupting his sleep, isolation and loneliness, detachment from his family, physical limitations having to rely on his wife's caretaking, depression, decreased sexual desire and sexual performance related difficulties: he is sad, anxious, and has little energy. He is uncomfortable nearly all the time. A request for 6 hypnotherapy/relaxation training sessions was non certified; this request for an independent medical review will concern itself with a request to overturn the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOTHERAPY/RELAXATION TRAINING, 6 SESSIONS: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter Hypnotherapy (JUNE 2014)

Decision rationale: According to the records, the request for six sessions of hypnotherapy/relaxation therapy was modified and not completely non-certified. Four sessions were offered, and two sessions were non-certified. The rationale for this decision was based on the Official Disability Guidelines because the MTUS is nonspecific (silent) with regards to this therapeutic intervention. The decision to non-certify two of the sessions was based on an update from November 14, 2013 that suggest that a total of four visits as an initial trial and that with objective functional improvement, a maximum of ten visits over six weeks would be offered. However, based on the OGD update from June of 2014 for hypnotherapy that they should follow the psychotherapy guidelines which allow six sessions as an initial trial and that with objective functional improvement 13 to 20 visits maximum over a seven to twenty week can be offered if progress is being made; and in cases with severe major depression up to fifty sessions can be offered his progress is being made. Given the severe nature of this patients medical and psychological condition it is reasonable and appears to be medically necessary to offer this patient this therapeutic intervention at the maximum possible level. Therefore the decision to non-certify two sessions is overturned and the entire 6 sessions is authorized as an initial trial. The request for six sessions of hypnotherapy/relaxation training is medically necessary and appropriate.