

Case Number:	CM14-0037542		
Date Assigned:	06/25/2014	Date of Injury:	01/07/2004
Decision Date:	07/28/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Health Psychology and pain management 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 32-year-old male who reported an industrial/occupational work related injury on January 7th 2004. The injury reportedly occurred as the direct result of his employment as a machinist for [REDACTED] when he was cutting some wooden pallets on a table saw, his hand unfortunately became engaged with the saw and his index finger and thumb partially cut off. The patient is reporting symptoms of anxiety, nervousness and panic attack. He is also having nightmares and distressing dreams with intrusive recollection of flashbacks of the industrial accident. There's depression, frustration, and irritability. His diagnoses includes Depressive Disorder, PTSD (Post Traumatic Stress Disorder), Anxiety Disorder NOS and Panic Disorder without Agoraphobia. This patient also has a seizure disorder. There are additional and conflicting diagnoses that include r/o Bipolar Disorder NOS, and a possible diagnosis of Delusional Disorder, Alcohol Dependence in possible remission was also mentioned. A request for 12 sessions of relaxation training/hypnotherapy was made and non-certified. A modification of the request was offered allowing for 4 sessions certified and eight sessions non-certified. This independent medical review will address a request to overturn this denial of treatment decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation training/hypnotherapy 1x12: Overturned

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 (ODG) Mental/Stress chapter: Hypnosis.

Decision rationale: The utilization review stated the following rationale for the non-certification of 12 sessions of relaxation hypnotherapy treatment: that according to the Official Disability Guidelines (ODG) guidelines an initial set of four sessions is required as an initial trial and that additional sessions may be provided if there is sufficient evidence of positive response in terms of documented objective functional improvement. The California Medical Treatment Utilization Schedule (MTUS) guidelines are nonspecific with respect to the use of relaxation therapy/hypnotherapy, however the ODG guidelines do state that hypnotherapy can be recommended as a treatment option for Post Traumatic Stress Disorder Definition (PTSD) and has proven efficacy when there are symptoms of nightmares and disassociation but that the patient must be at least moderately hypnotizable. The of number of session visits should be contained within the total number of Psychotherapy visits which for cognitive behavioral therapy are described as being up to 13 to 20 visits over a 7 to 20 week period. If progress is being made and in cases of severe major depression or PTSD up to 50 sections can be offered his progress is being made. The psychotherapy part was approved without modification for 12 sessions so this would not be offering the hypnotherapy/relaxation treated as a stand-alone which is not recommended. This patient does appear to be having significant PTSD symptoms. According to the June 2014 update of the ODG the requirement of an initial trial is no longer listed for certain modalities including the one discussed here. However it does state very clearly that the provider must assess as to whether or not progress is being made to authorize continued treatments. Therefore, the decision here is to overturn the treatment denial and authorize 12 sessions of relaxation therapy hypnotherapy.