

Case Number:	CM14-0045518		
Date Assigned:	04/16/2014	Date of Injury:	05/04/2004
Decision Date:	05/12/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/02/2014

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 Licensed 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 53-year-old male who reported an injury on 05/04/2004. The mechanism of injury was not provided. Prior treatments include hypnotherapy sessions. The documentation of 02/12/2014 indicated the injured worker fell on 02/09/2014. The quality of sleep was poor and the activity level remained the same. Diagnoses included disc disorder cervical and post cervical laminectomy syndrome. The plan was for 6 sessions of aquatic therapy and massage therapy, medication refills, and a referral for 6 sessions of hypnotherapy. The documentation of 03/26/2014 written in appeal to the denial for hypnotherapy indicated the injured worker found hypnotherapy helpful and had better sleep. The injured worker had 3 to 4 hours uninterrupted sleep versus very fragmented sleep without therapy. The injured worker had failed several sleep aids and was happy to find an alternative therapy or treatment that had a positive impact on his sleep. The injured worker indicated he felt better with sleep, and feeling better rested, pain was more manageable the next day. Without therapy, the injured worker indicated he felt more depressed, had poor sleep, increased stress, and more anxiety. It was indicated he had completed 4 rounds of 6 sessions with each of his hypnotherapies in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYPNOSIS THERAPY X 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN, HYPNOTHERAPY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, HYPNOSIS.

Decision rationale: Official Disability Guidelines recommend hypnotherapy with evidence of objective functional improvement for a total of up to 10 visits in individual sessions. The clinical documentation submitted for review indicated the injured worker had previously attended hypnotherapy. The injured worker noted that he had completed 4 of 6 sessions in the hypnotherapies that were provided. However, there was a lack of documentation of the total number of sessions that were participated in. There was documented objective functional improvement. The request for hypnosis therapy x 6 sessions is not medically necessary.