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| Case Number: | CM14-0047637 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 04/10/2012 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/31/2014 |

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 in California 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 review, this patient is a 47 year old male who reported an industrial/occupational work-related injury on April 10th, 2012. The injury occurred during the patient's normal and usual customary work duties when he was caring boxes down a ladder, fell backwards in his head causing blunt head injury as well as neck, lumbar, and shoulder strain. He has been diagnosed with post concussion syndrome and post trauma cophalgia. Psychologically he reports anxiety, and depression, irritability, anger, difficulty concentrating and short term memory problems. He has been diagnosed with depressive disorder, single episode; anxiety disorder not otherwise specified; male Hypoactive sexual desire disorder; and insomnia. He has been attending group therapy twice a week since 2012. Requests for medical hypnotherapy/relaxation training, one time per week for 12 weeks (12 visits); and special service/procedure/report, psychotherapy visits one time per week for 12 weeks (12 visits) was made, and non-certified. This independent medical review will address a request to overturn both decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/ relaxation training, 1 time per week for 12 weeks, QTY: 12:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version, Mental Illness and Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, topic Hypnosis.

Decision rationale: Progress notes do show improvement in his mood, anger, and sleep. But continued feelings of helplessness and frustration due too his physical limitations and persistent pain and headache. There is also anxiety and sweating. He continues to be sad and anxious, apprehensive and tense. He reports low libido and social isolation. The MTUS guidelines are silent with respect to the use of hypnotherapy/relaxation treatment. However the official disability guidelines do address the issue and recommend hypnosis for some patients who have PTSD the total number of sessions allowed is the same for general psychotherapy and the relaxation hypnosis should be provided within that context. The ODG guidelines for psychotherapy state that a patient may have 13 to 20 visits if progress is being made in the treatment. Based on the records that I've reviewed for this independent medical review the patient has already completed 125 individual psychotherapy sessions. Although I do agree that the patient remains symptomatic psychologically, he is already exceeded the maximum number of sessions that can be offered for this course of treatment. The request to overturn the non-certification of additional therapy sessions is not approved.

Special Service/Procedure/Report, Psychotherapy visits 1 time per week for 12 weeks, Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress Chapter, Psychohearpy guidelines. S since news and.

Decision rationale: As was stated above, the patient at this point has had at least 125 sessions of psychotherapy, and there is insufficient documentation to support further ongoing treatment at this time. Psychotherapy guidelines as stated in the ODG, which are the most generous, allow for 13-30 visits maximum for most patients. I agree with the utilization review decision that there is the insufficient evidence that further treatment would result in additional gains in terms of objective functional improvement although the patient does appear to still be quite symptomatic in terms of his psychological condition that resulted from the head injury he sustained. Therefore the decision is to not overturn the non-certification for this treatment modality.