MAXIMUS Federal Services

Case Number:	CM14-0054719		
Date Assigned:	07/07/2014	Date of Injury:	12/27/2012
Decision Date:	08/07/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 Psychologist 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 35-year-old male with a reported date of injury on 12/27/2012. The mechanism of injury was reportedly caused when the injured worker was carrying a 10-pound box of [redacted] from a pallet to a conveyor belt when 5 or 6 boxes fell off the pallet and struck the injured worker on the back of his head and neck. The injured worker presented with neck pain and headaches. According to the clinical documentation the injured worker previously participated in acupuncture, physical therapy, cortisone injections, and x-rays; the results of which were not provided within the documentation available for review. In addition, the injured worker presented with difficulty remembering things, feeling as though everything takes a great deal of effort, and he feels pressured to complete tasks. In addition, the injured worker indicated that he lost interest in other people or things and has greater difficulty making decisions. The previous psychotherapy was not provided within the documentation available for review. The injured worker's diagnoses included depressive disorder, anxiety disorder, insomnia, trauma, status post orthopedic injury, and status post head injury. The injured worker's medication regimen was not provided within the documentation available for review. The request for authorization for 12 medical hypnotherapy/relaxation training sessions was submitted on 05/01/2014. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Medical Hypnotherapy/Relaxation Traiing sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter - Hypnosis.

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

Decision rationale: The ODG recommend hypnosis as a conservative option, depending on the availability of providers with proven outcomes, but the quantity 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 effectiveness of hypnosis for chronic low back pain is limited. A pilot study indicated that a brief, 4-session standardized self-hypnosis protocol, combined with psycho education, significantly and substantially reduced pain intensity and pain interference, but followup data suggested these benefits may not have maintained across time, so these findings need to be replicated, confirmed in a larger clinical trial to assess the longterm effects of this treatment. In addition, the ODG recommend an initial trial of 4 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. There is a lack of documentation related to the injured worker's previous psychotherapy. The rationale was not provided within the documentation available for review. The guidelines recommend an initial trial of 4 visits over a 2-week period, and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. The request for 12 medical hypnotherapy visits exceeds the recommended guidelines. Therefore, the request for 12 medical hypnotherapy/relaxation training sessions is not medically necessary.