

Case Number:	CM14-0055499		
Date Assigned:	09/03/2014	Date of Injury:	09/18/2010
Decision Date:	09/26/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 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:

According to the records are provided for this independent review, this patient is a 61-years and 11 months old male who reported an industrial/occupational injury on September 18, 2010, there is an additional injury date of August 31, 2009. There is a note of additional injury in 1999 (unspecified). the injuries reportedly occurred while the patient was working for Patino Restaurants as a dishwasher. The injury reportedly occurred when he was stepping down from a stepstool and lost his balance and developed back pain. He reports continued low back pain, pins and needles in his hands, pain in the elbow and shoulders, and legs. Difficulty with lifting objects and using his hand and gripping, activities of daily living such as showering and dressing himself are difficult. He reports emotionally feeling sad and discouraged about his future with poor sleep and fatigue, there is a moderate anxiety. The patient has been diagnosed with Major Depressive Disorder. A request was made for medical/hypnotherapy/relaxation training (quantity unspecified), the request was not approved; the utilization rationale for non-certification was stated that they contacted requesting treating providers office and was told that this procedure was not being requested and only psychotherapy was being requested. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation training: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Topic: hypnosis June 2014 update.

Decision rationale: it is not possible to overturn the non-certification utilization review decision and authorize this treatment request for the following reason: the number of sessions being requested of this treatment modality is unspecified. This request was received and it stated "medical hypnotherapy/relaxation training." There was no quantity of sessions mentioned. The independent medical review process, unlike the utilization review process, is unable to make a modification of any requests. The request is either approved or not approved on an all-or-none basis. All treatment requests for psychological care must include a specific quantity, if not approving it would be equivalent of approving unlimited sessions in perpetuity until the case is closed. Because of this reason alone this request cannot be approved. There are several other additional issues that would prevent this request from being approved. First, the total number of sessions that the patient has had of this treatment modality to date was not provided. According to the official disability guidelines (ODG) chapter on mental illness and stress, hypnosis is recommended in the treatment of PTSD and that the total number of sessions that can be provided is the same as the total number of psychotherapy sessions. This would state that he should have up to 13 to 20 visits maximum if progress is being made. Because there is no indication of how many sessions he is had it is impossible to determine whether not he has exceeded this guideline. There are no treatment notes that discuss how the patient has benefited from prior treatment sessions of this treatment modality specifically. As the patient is also engaged in cognitive behavioral therapy there are notes from that treatment modality but none specifically for this one that indicate exactly what was done and the result and whether or not there was objective functional improvement. Furthermore as suggested in the O DG guidelines this is a treatment modality it is recommended for patients with PTSD. There is no indication that the patient has this diagnosis. Therefore due lack of specification of the quantity of sessions being requested, and insufficient documentation of the patient's response to prior sessions, is not having the correct diagnosis for this treatment modality, and that he is likely already exceeded the maximum treatment sessions allowed, the medical necessity of this request is not supported and the decision of this IMR is that the request is not medically necessary.