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| Case Number: | CM14-0055606 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 11/21/2005 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 04/11/2014 |
| 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:

The claimant is a 41 year-old male with a date of injury of 11/21/05. The claimant sustained orthopedic injuries when his foot got caught in between the rungs of a ladder and the claimant fell against the ladder onto his back. He sustained this injury h working as a Construction Foreman for [REDACTED]. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his "Psychological Consultation Report/Request for Treatment Authorization" dated 8/21/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, severe, with psychotic features; (2) Male hypoactive sexual desire disorder due to chronic pain; (3) Insomnia related to generalized anxiety disorder and chronic pain; and (4) Stress-related physiological response affecting general medical condition, gastrointestinal disturbances, headaches. In a subsequent PR-2 report dated 11/4/13, [REDACTED] added a diagnosis of Generalized anxiety disorder and dropped the diagnoses of insomnia and stress-related physiological response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy Relaxation 24 days requested: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): : 65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter, Hypnosis and Hypnotherapy Guidelines.

MAXIMUS guideline: Decision based on the MTUS ACOEM Practice Guidelines, Chapter 15 Stress Related Conditions, page 398-404. and on the Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The ACOEM guideline regarding relaxation techniques as well as the Official Disability Guideline regarding the use of hypnosis will be used as guidelines for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation in July 2013 and began psychological services (group psychotherapy and hypnotherapy sessions) shortly thereafter. The exact number of sessions to date is unknown. It is also not quite clear the progress and improvements made from those sessions. Without sufficient information to support a request for continued services, the need for additional sessions cannot be fully determined. Additionally, the request for an additional 24 hypnotherapy/relaxation sessions appears excessive as it does not allow for a reasonable period of time for reassessment. As a result, the request for Medical Hypnotherapy Relaxation 24 days requested is not medically necessary.

