

Case Number:	CM14-0070569		
Date Assigned:	07/14/2014	Date of Injury:	09/16/2010
Decision Date:	08/13/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/15/2014

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 51 year-old male [REDACTED] with a date of injury of 9/16/10. The claimant sustained injury to his right foot as a part of his normal and customary duties while working as a service consultant for [REDACTED]. In his Initial Podiatric Consultation - request for authorization of treatment, [REDACTED] diagnosed the claimant with rule our second interspace neuroma, right foot, status post ligament repair of the left ankle, neuritis and painful gait. Also, in his PR-2 report dated 4/28/14, [REDACTED] diagnosed the claimant with left shoulder impingement syndrome. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In his supplemental medical legal evaluation by AME dated 10/17/13, [REDACTED] diagnosed the claimant with major depressive disorder, single episode, moderate, non-psychotic. In his 3/7/14 RFA, [REDACTED] diagnosed the claimant with major depressive disorder, single episode, generalized anxiety disorder, Maye hypoactive sexual desire disorder and psychological factors affecting a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Mind Body intervention (for stress relief).

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 Hypnosis.

Decision rationale: The California MTUS does not address the use of hypnotherapy therefore; the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychiatric medication management from [REDACTED] and psychological services including group psychotherapy as well as hypnotherapy from [REDACTED] and his colleagues. In their most recent requested progress report from [REDACTED] and [REDACTED] dated 4/11/14, the claimant's progress is noted as patient reports improved mood with medication and group psychotherapy; however, he feels increasingly stressed as his physical condition continues to worsen. There is no mention of prior hypnotherapy sessions. It is unclear from the records submitted whether the claimant has participated in any previous hypnotherapy sessions and if so, the progress from those sessions. Without more information about previous services, the need for additional services cannot be fully determined. Additionally, the request for Medical Hypnotherapy/Relaxation remains vague as it does not indicate how many sessions are being requested and over what duration the services are to occur. As a result, the request for Medical Hypnotherapy/Relaxation is not medically necessary.

Office Emergency Services: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Office visits.

Decision rationale: The California MTUS does not address office emergency visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant has been receiving psychiatric medication management from [REDACTED] and psychological services including group psychotherapy as well as hypnotherapy from [REDACTED] and his colleagues. In the most recent requested progress report from [REDACTED] and [REDACTED] dated 4/11/14, the claimant's progress is noted as patient reports improved mood with medication and group psychotherapy; however, he feels increasingly stressed as his physical condition continues to worsen. The treatment plan indicates that the claimant will participate in 12 CBT sessions, 12 hypnotherapy/relaxation sessions, and psychiatric treatment. There is no mention of the need for any emergency office visits and there is no indication from the claimant's objective findings nor chief subjective complaints that it would be needed. As a result, the request for Office Emergency Services is not medically necessary.

