

Case Number:	CM14-0073000		
Date Assigned:	07/16/2014	Date of Injury:	03/28/2001
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 61-year-old female who reported injury on 03/28/2001. The documentation of 04/11/2014 revealed the injured worker was stressed out because she was not able to get Ambien. The documentation indicated the injured worker needed Ambien to help her sleeping otherwise the depression would worsen. Objective findings revealed the injured worker's hygiene was fair, the attitude was cooperative, the mood was engaging, the affect was appropriate, the speech was normal tone and rate, and the thought process was in normal limits. The injured worker had no suicidal or homicidal ideation, and insight and judgment were fair. The treatment plan included continuation of medications. The diagnoses included major depressive disorder, generalized anxiety disorder, and sleep disorder. There was no DWC Form RFA or PR-2 submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Medical hypnotherapy/relaxation training 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, Criteria for the use of hypnosis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, psychological intervention.

Decision rationale: The California MTUS Guidelines recommend relaxation as a non-opioid self-management technique. The clinical documentation submitted for review indicated the injured worker had been under psychological treatment. There was a lack of documentation of prior types of therapy and the objective functional benefit that was received. Given the above, the request for 12 Medical hypnotherapy/relaxation training sessions is not medically necessary.