

Case Number:	CM14-0076736		
Date Assigned:	07/18/2014	Date of Injury:	12/27/2012
Decision Date:	08/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/27/2014

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 that were provided for this independent review, this patient is a 39 year old male who reported an industrial/occupational work-related injury while in the course of his normal work duties for [REDACTED] on December 27, 2012. At that time he was working in the warehouse loading and unloading delivery trucks, driving a forklift, and transferring product. The injury reportedly occurred when he was transferring boxes of chips aho cookies each box weighing 8 to 10 pounds from a pallet to a conveyor belt than five or six boxes fell off a pallet and struck him on the back of the head causing him to stumble forward and fall to one knee. He continued to work but was sent to the industrial clinic and then sent home he felt confused, lightheaded, he had a headache in just felt unwell. Psychologically, he is been diagnosed with Depressive Disorder NOS; Anxiety Disorder NOS; Insomnia; Stress-related physiological response affecting General Medical condition, headache; R/O mental disorder NOS due to head trauma. He has psychological symptoms of feeling tired, and lonely, with difficulty remembering things, and the sensation that everything takes a very long time to complete; he has difficulty completing tasks. He reports being overly emotional and feeling sad most of the time, and not enjoying things as he once did. He reports being restless and has lost interest and other people and things, and having greater difficulty making decisions, as well as poor concentration and irritability. There are sleep difficulties with him waking up frequently during the night. He also complains of muscle tension and rapid heartbeat as well as excess of anxiety and worry and an inability to relax. There are frequent severe headaches that are exacerbated by stress and he worries about his physical condition and ability to work. He reports minor neck pain and sad mood, sleep disturbance, and decreased sexual desire. Medically he is been diagnosed with post-traumatic head syndrome and cervical strain. A request for six sessions of medical hypnotherapy

and relaxation therapy was made, and not medically necessary. This independent review will address a request to overturn the non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy and relaxation therapy, QTY: 6 sessions: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, topic hypnosis, June 2014 update.

Decision rationale: The page containing the specific rationale of utilization review to non-certified six sessions of medical hypnotherapy/relaxation therapy was missing from the documents that were included for this independent review. Prior psychological treatments have resulted in improved mood, sleep, inability to think more realistically about his pain condition and situation with work. There is also improvement in his ability to manage stressors better do that cognitive restructuring exercises. The ACOEM states that the following techniques can be offered as a way to help reduce the symptoms of stress and give the patient control over stressful situations and offer a measurable and concrete result. For example relaxation techniques may be particularly effective for individuals manifesting muscle tension. The official disability guideline ODG chapter on mental illness and stress discusses the use of hypnosis for the treatment of PTSD that does not state that it is the only condition where relaxation and hypnosis can be used. The number of sessions that should be provided should be contained within the total number of psychotherapy visits. I've thoroughly reviewed this patient's medical records as they were provided to me, and it is my impression that this patient has significant psychological symptomology that is likely to benefit from this treatment modality. The only issue that complicates overturning the utilization review decision of non-certification is the lack of reporting the specific number of prior sessions of this treatment that he is already had. There is some, although barely sufficient, indications that he has been benefiting from past treatments; while more information with respect to this issue will be highly desirable the few details that were provided, as discussed above, are marginally sufficient. The lack of reporting of the total number of sessions to date would normally exclude my ability to overturn the utilization review decision, but because a detailed intake report written prior to the start of treatment was provided and was dated February 2014, it appears likely that the patient has not had his maximum number of sessions as stipulated in the ODG guidelines which allow for 13 to 20 visits maximum if progress is being made. Any future requests for additional sessions must contain the total number of sessions provided to date and of the patient's response to them. The decision of this independent review is to accept the request to overturn the non-certification decision.