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| Case Number: | CM14-0128256 | | |
| Date Assigned: | 08/15/2014 | Date of Injury: | 04/13/2010 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 07/24/2014 |
| Priority: | Standard | Application Received: | 08/13/2014 |

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 Board Certified in Psychologist (PHD, PSYD) 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 injured worker is a 43 year-old male (██████████) with a date of injury of 4/13/2010. The injured worker sustained injury to his back, neck, elbow, and legs when he fell down two stairs as he was carrying pipes while working at ██████████. It is reported that the injured worker developed psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injuries. In her "Qualified Medical Examination in Psychiatry" dated 1/13/14, Dr. ██████████ diagnosed the injured worker with Major depressive disorder, single, in partial remission with rule outs of Pain disorder due to physiological factors and a general medical condition and Malingering. In the RFA dated 7/16/14, the injured worker is diagnosed with: (1) Generalized anxiety disorder; (2) Insomnia; and (3) Psychological factors affecting a general medical condition. He has been receiving both psychotropic medication management services and group/individual psychotherapy to treat his depressive symptoms. The request under review is for 6 sessions of hypnotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation x 6 (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

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

Decision rationale: Based on the review of the medical records, the injured worker began receiving psychological services from [REDACTED] and his colleagues sometime at the end of 2013. He received both individual and group psychotherapy. However, there are no medical records from [REDACTED] nor his colleagues included for review. Without any supporting documentation, the need for hypnotherapy services cannot be determined. As a result, the request for "Medical Hypnotherapy/Relaxation x 6 (6 sessions)" is not medically necessary.