

Case Number:	CM14-0176431		
Date Assigned:	10/29/2014	Date of Injury:	04/12/2011
Decision Date:	01/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/24/2014

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 injured worker is a 44 year-old male with a date of injury of 5/5/11. The injured worker sustained injuries to his bilateral shoulders and upper extremities while working. In the "Orthopedic Postoperative Evaluation - PR-2 report dated 9/15/14, diagnosed the injured worker with: (status post-right shoulder arthroscopic examination, arthroscopic surgery, and distal claviclectomy; status post left shoulder arthroscopic examination, arthroscopic surgery, and distal claviclectomy on 9/9/14; abutment syndrome of the right and left wrist; and musculoligamentous sprain/strain of the cervical spine. Additionally, in the PR-2 report dated 8/29/14, the diagnosed was cervical spine HNP; depression; status post right carpal tunnel and shoulder impingement. It is also reported that the injured worker developed psychiatric symptoms secondary to his work-related orthopedic injuries. According to the RFA dated 10/2/14, the injured worker is diagnosed with: Major depressive disorder, single episode; generalized anxiety disorder; male hypoactive sexual desire disorder; and insomnia. He has been receiving psychological and psychiatric services including group psychotherapy, relaxation/hypnotherapy sessions, and psychiatric medication management at [REDACTED]. The request under review is for additional relaxation/hypnotherapy sessions. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries. According to the RFA from [REDACTED] dated 10/2/14, the claimant is diagnosed with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder; and (4) Insomnia. He has been receiving psychological and psychiatric services including group psychotherapy, relaxation/hypnotherapy sessions, and psychiatric medication management at [REDACTED]. The request under review is for additional relaxation/hypnotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relaxation training/hypnotherapy, once weekly for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Stress/Mental Section

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: The CA MTUS does not address the use of relaxation/hypnotherapy services. As a result, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. In the "Requested Progress Report/Request for Treatment" dated 8/25/14, the treating physician and Psychological Assistant indicated that the injured worker has a "sad and anxious mood, depressed affect, preoccupied with physical limitations." The objective findings are noted to be, "...persisting pain that interferes with his activities of daily livings and his sleep....He feels sad, irritable and stressed. He reports relational problems with his family which he relates to his emotional condition." The diagnosis is listed as "unchanged." The progress is noted that the "patient has made some progress towards current treatment goals as evidenced by some improvement in managing emotional symptoms." Despite this information, there is no indication of the number of sessions completed to neither date nor the types of services being received. The treatment plan suggests continued group psychotherapy as well as relaxation training / hypnotherapy. Without more specific information about the number of sessions completed, and the progress and improvements from each of the services being rendered, the need for additional relaxation/hypnotherapy sessions cannot be fully determined. As a result, the request for additional "Relaxation training/hypnotherapy, once weekly for six weeks" is not medically necessary.