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| Case Number: | CM14-0178937 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 07/04/2012 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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 a licensed 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 63 year-old female (██████████) with an initial date of injury of 7/4/12. At that time, the injured worker sustained injury to her back when she slipped and fell while carrying a stool as a cashier for ██████████. She sustained another work-related injury in December of 2012 when she fell as the result of getting her foot caught in some wires. She re-injured her back as well as sustained other bodily injuries. It is reported that the injured worker also developed psychological symptoms of depression and anxiety secondary to her work-related orthopedic injuries and pain. In the RFA dated 8/5/14 as well as in the Psychological Consultation from June 2014, the injured worker is diagnosed with: (1) Major depressive disorder, single episode; (2) Generalized anxiety disorder; (3) Insomnia; and (4) Psychological factors affecting a medical condition. The injured worker has been receiving individual psychotherapy as well as group/hypnotherapy sessions. The request under review is for an additional 6 group hypnotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group hypnotherapy x6: 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), Pain (Chronic), Hypnosis, Psychological Treatment, Mental Illness and Stress Chapter

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 CA 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 injured worker was evaluated in June 2014. At that time, he recommended individual psychotherapy as well as group/hypnotherapy sessions for which the injured worker began. It is unclear from the most recent "Requested Progress Report" dated 8/1/14 as to how many sessions of each modality have been completed to date. In that same report, the subjective complaints are noted as, "She reports persisting pain that affects her ADLs and sleep....She worries excessively about the future and her physical condition. Her persisting pain causes her to feel sad, frustrated, nervous, and desperate." The objective findings are noted to be, "Sad and anxious mood; poor concentration; overtalkative; problems with memory; preoccupation with current symptoms and limitations as well as emotional symptoms; dysphoric, tearful, She is in need of mental health intervention for her significant symptoms of depression and anxiety." The progress is listed as, "The patient reports of improved mood and motivation with treatment." The information provided in this report fails to provide adequate information to substantiate the need for further services. There are no objective functional improvements demonstrated from the completed services therefore, it does not appear that the injured worker is receiving any benefit. Additionally, as indicated above, there is also no mention of the number of completed sessions of either the individual psychotherapy or the group hypnotherapy sessions. As a result, the request for additional "Group hypnotherapy x6" is not medically necessary.