MAXIMUS Federal Services

Case Number:	CM14-0187499		
Date Assigned:	11/17/2014	Date of Injury:	08/14/2014
Decision Date:	01/13/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine and Rehabilitation 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:

This 43 year-old patient sustained an injury on 8/14/14 alleging psychological injury from a heated argument with his supervisor. There are no current accepted body parts with stress, chest pain, and low back pain denied. Report of 10/8/14 from the provider noted the patient was exposed to incidences of stress and harassment; developing symptoms of anxiety and depression with feelings of sadness, helplessness/ hopelessness, less energy, changes in appetite and weigh with lack of sexual desire, increased conflicts with others with feelings of anger, nervousness, difficulty with sleep, concentration, dizziness, shortness of breath, gastric disturbances and headaches, feeling tense. Diagnoses include single episode, mild major depressive disorder, generalized anxiety disorder, stress-related physiological response affecting headaches with GAF of 57. Treatment recommendation was for hypnotherapy/ relaxation training with follow-up for 6-8 months, and group cognitive behavioral psychotherapy for 12 weeks. Request(s) under consideration include hypnotherapy 1 x 12 weeks. The request(s) for hypnotherapy 1 x 12 weeks was non-certified on 10/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy 1 x 12 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, 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 & Stress, Hypnosis, pages 532-533

Decision rationale: This 43 year-old patient sustained an injury on 8/14/14 alleging psychological injury from a heated argument with his supervisor. There are no current accepted body parts with stress, chest pain, and low back pain denied. Report of 10/8/14 from the provider noted the patient was exposed to incidences of stress and harassment; developing symptoms of anxiety and depression with feelings of sadness, helplessness/ hopelessness, less energy, changes in appetite and weigh with lack of sexual desire, increased conflicts with others with feelings of anger, nervousness, difficulty with sleep, concentration, dizziness, shortness of breath, gastric disturbances and headaches, feeling tense. Diagnoses include single episode, mild major depressive disorder, generalized anxiety disorder, stress-related physiological response affecting headaches with GAF of 57. Treatment recommendation was for hypnotherapy/ relaxation training with follow-up for 6-8 months. Request(s) under consideration include Hypnotherapy 1 x 12 weeks that was non-certified on 10/21/14. Per Guidelines, hypnosis is a therapeutic intervention that may be an effective as an adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares; however, submitted report has not demonstrated clear specific incident of PTSD nor failed initial treatment trial of individual psychotherapy and cognitive behavioral therapy to support for current request. There is also no clinical exam identifying specific objective findings for diagnosis of PTSD. The hypnotherapy 1 x 12 weeks is not medically appropriate and necessary.