

<b>Case Number:</b>	CM14-0194628		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 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 31 year-old male [REDACTED] with a date of injury of 12/17/11. The injured worker sustained injury to his right hand when he grabbed a forklift to prevent himself from slipping and his right hand became caught in a track on the forklift while working for [REDACTED]. The injured worker has been treated for his work-related orthopedic injury with physical therapy, medications, brace, HEP, and surgery. It is also reported that the injured worker developed psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injury and pain. In the "Comprehensive Permanent and Stationary Psychological Evaluation Report/Medical Records Review" dated 6/20/14, [REDACTED] diagnosed the injured worker with Depressive Disorder NOS, Generalized Anxiety Disorder, and Insomnia Related to Generalized Anxiety Disorder. According to the UR denial letter, the injured worker received psychiatric services as well as psychological services including individual and group therapy as well as biofeedback and hypnotherapy to treat his psychiatric symptoms. The request under review is for additional hypnotherapy/relaxation training sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Hypnotherapy/Relaxation Training:** Upheld

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

**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 was first evaluated by [REDACTED] on July 9, 2013 and several services were requested including individual and group psychotherapy, hypnotherapy, and biofeedback. However, according to the "Requested Progress Report" dated 10/4/13, the injured worker "has not yet been able to attend group or take psychotropic medication as prescribed by our staff psychiatrist due to recent surgery." The updated treatment plan included cognitive behavioral group psychotherapy for 6 weeks as well as relaxation training for 6 weeks. Request for authorizations dated 10/9/13 were completed for the recommended psychological services mentioned above. It is assumed that the services were authorized however there are no progress reports submitted for review. There is a note indicating that 6 sessions of group and 6 sessions of hypnotherapy were approved in February 2014. However, once again, there are no notes to confirm whether they were completed. Without adequate documentation to substantiate the need for additional services, the request for "Medical Hypnotherapy/Relaxation Training" is not medically necessary. Additionally, the request remains too vague as it does not indicate how many sessions are being requested nor the frequency of the sessions. As such the request is not medically necessary.