

Case Number:	CM15-0137956		
Date Assigned:	07/27/2015	Date of Injury:	06/17/2012
Decision Date:	08/28/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, North Carolina
Certification(s)/Specialty: Family Practice

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 34 year old male, who sustained an industrial injury on 6/17/12. The injured worker has complaints of neck and right ankle pain. The documentation noted that the injured worker had worsening of his mood, increasingly sad and anxious. The documentation noted that the injured worker reports difficulties sleeping due to his excessive worries, buzzing in his ears and persisting pain with headaches. The diagnoses have included depressive disorder not otherwise specified and generalized anxiety disorder. Treatment to date has included physical therapy; back support girdle; pain medications and cognitive behavioral therapy and supportive group psychotherapy. The documentation noted that the injured worker received training in relaxation, breathing techniques and hypnotherapy to better manage his chronic pain and physical limitation. The request was for 8 additional medical hypnotherapy/relaxation training, twice per month basis for three to four months.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional medical hypnotherapy/relaxation training, twice per month basis for three to four months: 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), 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 health & stress chapter (hypnosis).

Decision rationale: CA MTUS Guidelines do not address hypnotherapy. ODG guidelines state that hypnotherapy is recommended for patients with Post-traumatic Stress Disorder (PTSD). In this case, the patient carries the diagnoses of major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire and insomnia. He has not been diagnosed with PTSD, therefore the request for hypnotherapy is not medically necessary or appropriate.