

Case Number:	CM15-0032644		
Date Assigned:	02/26/2015	Date of Injury:	04/30/2011
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas

Certification(s)/Specialty: Psychologist

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 40-year-old male who reported an injury on 04/30/2011. The mechanism of injury was the injured worker was unraveling wire and stepped back on an anchor and fell 15 feet from a rooftop onto the balcony of the client's building. The diagnoses included post-traumatic stress disorder, insomnia, and major depressive disorder. Other authorized therapies included group therapy and crisis intervention office visits. There was a Request for Authorization for hypnotherapy on 11/04/2014. The documentation off 11/03/2014 revealed the injured worker had persistent pain in his back, neck, shoulders, and head interfering with his activities of daily living. The injured worker indicated he tended to socially isolate and feel withdrawn. The injured worker reported he rarely feels or wishes he was dead. The injured worker was noted to be sad, nervous, and irritable. Objectively, the injured worker was noted to have a sad and anxious mood, depressed affect and be irritable and tense. The injured worker was noted to have continued symptoms of anxiety and depression. The diagnoses remained the same. The treatment plan included group psychotherapy, hypnotherapy 1 session a week to help the injured worker manage stress and/or levels of pain for 8 weeks and psychiatric treatment per the psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych hypnotherapy 1x6 (6 sessions): Overturned

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 Chapter, Group therapy; Hypnosis; Office visits and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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 & Stress Chapter, Hypnosis.

Decision rationale: The Official Disability Guidelines indicate that hypnosis is recommended as an option in the treatment of post-traumatic stress disorder. It may be utilized to alleviate post-traumatic stress disorder symptoms such as pain, anxiety, dissociation, and nightmares. The injured worker was noted to have anxiety and stress. The documentation indicated the request was made to assist the injured worker to manage stress and/or pain levels. This requested treatment would be appropriate and six visits would give the treating physician time for re-evaluation to see if the injured worker received objective benefit from the treatment. Given the above, the request for psych hypnotherapy 1 times 6 sessions is medically necessary.