

Case Number:	CM15-0089611		
Date Assigned:	05/13/2015	Date of Injury:	07/26/2011
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/11/2015

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

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(n) 50-year-old female, who sustained an industrial injury on 7/26/11. She reported pain in her neck, right shoulder, wrist and lower extremities. She also noted significant stress and emotional distress. The injured worker was diagnosed as having depression, anxiety, insomnia and headaches. Treatment to date has included physical therapy, a cervical epidural injection (with no improvement), an EMG study of the upper extremities and psychotherapy sessions (since 2012). As of the PR2 dated 1/26/15, the injured worker reported feeling sad and anxious. She also has pain throughout her back, neck, shoulders, arms and hands. Objective findings include sad and anxious mood, bodily tension and apprehension. The treating physician requested medical hypnotherapy/relaxation x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation x 6: 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, Hypnotherapy.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] in September 2012 and has been receiving subsequent psychological services including group psychotherapy as well as hypnotherapy/relaxation sessions since that time. In particular, the number of completed hypnotherapy/relaxation sessions is unknown, as it is not indicated in the most recent progress report dated 4/6/15. In that report, [REDACTED] and [REDACTED] fail to provide information regarding the usefulness of the hypnotherapy/relaxation services. Instead, these services are simply lumped together with the other psychological interventions when describing progress. In regards to the progress that the injured worker has made, the report simply states, "Patient has made some progress towards treatment goals as evidenced by patient reports of improved mood and ability to cope with treatment." Unfortunately, this statement remains too vague and does not present enough information about any measurable outcomes from the hypnotherapy/relaxation sessions. Additionally, there does not appear to be any plans for transitioning the injured worker into maintenance treatment considering that she has been receiving ongoing services since 2012. As a result, the request for an additional 6 hypnotherapy/relaxation sessions is not medically necessary.