

Case Number:	CM14-0120534		
Date Assigned:	08/06/2014	Date of Injury:	09/26/2013
Decision Date:	11/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 55-year-old female who reported an injury on 09/26/2014. The mechanism of injury was a slip and fall. Her diagnosis includes depressive disorder NEC. Past treatments included medications, physical therapy, and acupuncture. Diagnostic studies included MRI of the lumbar spine on 01/16/2014 and MRI of the cervical spine on 01/16/2014. Past treatments also included injections. The injured worker slipped and fell as she walked into a walk in freezer. She fell on her back and when she tried to get up she slipped again and struck the base of her head a chicken bucket. A coworker opened the freezer and called the managers. The managers assisted the injured worker to a chair and she was instructed to wait because they were busy during dinner time. The injured worker was taken to the hospital but then she experienced pain in her head, upper back, neck, right elbow, right hand, low back, right thigh, and left ankle. X-rays were performed. The injured worker began to experience gastrointestinal disturbances because of medication. She was provided a neck collar and a right thumb support. She began a course of physical therapy. Her physical condition worsened and she felt stressed, depressed, and trapped because she could not work and be active. She worried about her financial circumstances. She gained 20 to 30 pounds and had difficulty sleeping. The injured worker had an ovary cyst removed in 1981 and right shoulder surgery in 2004. The injured worker presented with symptoms related to emotional conditions. Her general psychosocial functioning had been significantly impacted by lack of income or her orthopedic condition, her impaired emotional function, and the lack of income due to inability to work since her accident. On evaluation the injured worker's mood was sad and anxious. Medications were not provided. The treatment plan is cognitive behavioral psychotherapy once weeks for 6 weeks, psychiatric consult to consider use of psychotropic medications, and psychiatric treatment monthly (up to 6 to 8 months) then

reassessment. The rationale and request for authorization were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy/ Relaxation therapy once a week for six 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, Hypnosis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Hypnosis

Decision rationale: The request for Hypnotherapy/ Relaxation therapy once a week for six weeks is not medically necessary. The injured worker has a history of pain to the back, neck, shoulder, arm, and leg. The California MTUS/ACOEM Guidelines do not address hypnosis. The Official Disability Guidelines recommend hypnosis as a conservative option. The Official Disability Guidelines Hypnotherapy Guidelines recommend an initial trial of 4 visits over 2 weeks. There is lack of documentation of an initial behavior medical consult to establish a working diagnosis. The rationale for the request for hypnotherapy was not provided. In addition, the request for 6 sessions exceeds the guideline recommendations of a 4 visit trial. As such, the request is not medically necessary.