

Case Number:	CM14-0129805		
Date Assigned:	08/18/2014	Date of Injury:	06/03/2012
Decision Date:	09/30/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/12/2014

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 Board Certified 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 41-year-old female who reported an injury on 06/03/2012 who was a property manager of some apartment units, supervising employees, and generating financial reports for the complex. She described her work as being very stressful. Among other things she felt she was treated in a demeaning, belittling manner, unfairly criticized, felt the need to be constantly on the guard, verbally abused, harassed, unfairly accused of being a racist, and generally treated in a disparaging manner. The injured worker was evaluated on 01/13/2014, and it was documented the injured worker complained of depression, anxiety, headaches, and "I hear voices." The provider noted as far as the injured worker's psychological issues are concerned, the provider shall defer to the appropriate subspecialists in this area. However, it would be noted that abnormalities in thyroid function would often have an impact on mental clarity and emotions, and therefore this aspect of her health should be addressed and her thyroid function should be brought into a normal range with appropriate replacement therapy. The diagnoses included hypothyroidism, urinary tract infection, and history of anxiety disorder with panic attacks. Medications included Prozac. The Request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient hypnotherapy/relaxation training 1 x week for 6 weeks (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23 Page(s): 23.

Decision rationale: The request for Outpatient Medical Hypnotherapy /Relaxation Training 1x6 is not medically necessary. The injured worker has a history of depression and anxiety, headaches and hearing voices. The California MTUS Guidelines note that behavior interventions are recommended and do not address hypnotherapy specifically. The Chronic Pain Medical Treatment Guidelines state hypnosis is recommended as an option to therapeutic intervention and that it may be effective in adjunct to a procedure from posttraumatic stress disorder. There is lack of documentation regarding the injured worker's mood and sleep. There is lack of documentation regarding if the injured worker had previous session of any physiological treatment sessions and the outcome measurements. It was also documented the injured worker has thyroid abnormalities that will often have an impact on mental clarity. There is lack of medical necessity provided within documentation for above request. As such, the request is not medically necessary.