

Case Number:	CM14-0160082		
Date Assigned:	10/03/2014	Date of Injury:	03/03/2011
Decision Date:	10/30/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/29/2014

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 California. 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 claimant is a 36 year-old male (DOB) with a date of injury of 3/3/11. The claimant sustained injury to his left leg when a crane fell down on it, crushing his foot and ankle. The claimant sustained this crush injury while working for [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to his orthopedic injuries. In his "Doctor's First Report of Occupational Injury or Illness" dated 8/27/14, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; (3) Male hypoactive sexual desire disorder; and (4) Stress-related physiological response affecting gastrointestinal disturbances and headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/Relaxation training once a week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary (last updated 6/12/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404..

Decision rationale: The ACOEM guideline regarding relaxation techniques as well as the Official Disability Guideline regarding the use of hypnosis will be used as reference for this case. Based on the review of the limited medical records, the claimant continues to experience psychiatric symptoms secondary to his chronic pain. He has been authorized to participate in psychotherapy however; he has been denied relaxation/hypnosis sessions. The information submitted by [REDACTED] is appropriate and demonstrates the need for additional services, other than psychotherapy, to help the claimant manage his symptoms. As a result, the request for "Medical hypnotherapy/Relaxation training once a week for six weeks" is medically necessary.