

Case Number:	CM15-0110519		
Date Assigned:	06/17/2015	Date of Injury:	02/08/2008
Decision Date:	07/20/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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 50 year old male, who sustained an industrial injury on 2/8/2008. The mechanism of injury was cumulative trauma from repetitive job duties. The injured worker was diagnosed as having major depressive disorder. There is no record of a recent diagnostic study. Treatment to date has included bilateral elbow surgery, physical therapy, chiropractic care, acupuncture and medication management. In a progress note dated 2/11/2015, the injured worker complains of feeling sad, tired, hopeless and helpless. He also reports difficulty sleeping, remembering things and lack of concentration and motivation. Physical examination showed a sad and anxious mood. The treating physician is requesting medical hypnotherapy/relaxation training 1 time a week for 3-4 weeks a total of 3-4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation training 1 time a week for 3-4 weeks a total of 3-4 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 a psychological evaluation with [REDACTED] and his supervisee, [REDACTED], on 2/11/15. In the report, it was recommended that the injured worker receive follow-up psychological services including group therapy and hypnotherapy/relaxation sessions. The request under review is based on these recommendations. The ODG supports the use of hypnotherapy and indicates that the "number of visits should be contained within the total number of psychotherapy visits." It is assumed that the injured worker has been authorized for an initial trial of psychotherapy. Given this assumption, the request for 3-4 hypnotherapy sessions appears reasonable. As a result, the request or medical hypnotherapy/relaxation training 1 time a week for 34 weeks, total of 3-4 sessions is medically necessary.