

Case Number:	CM13-0055389		
Date Assigned:	12/30/2013	Date of Injury:	04/01/2008
Decision Date:	08/18/2015	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 48 year old female, who sustained an industrial injury on 4/01/2008. She reported amputation of her right ring finger as the result of a trash container striking her right hand against a metal post. The injured worker was diagnosed as having major depressive disorder, single episode, mild, anxiety disorder, posttraumatic stress disorder, insomnia related to anxiety and chronic pain, and status post orthopedic injury and headaches. Treatment to date has included diagnostics and physical therapy. On 10/30/2013, the injured worker complained of sadness, helplessness, hopelessness, social isolation, crying episodes, appetite changes, lack of sexual desire, conflict with others, lack of motivation, nervousness, difficulty concentrating, dizziness, shortness of breath, sweating, wobbliness in her legs, numbness and tingling sensations, flashbacks, nightmares, headaches, and chronic pain. Psychological testing revealed significant depressive and anxious symptoms. The treatment plan included hypnotherapy-relaxation (1x12). Her work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy/Relaxation once a week for 12 weeks qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Hypnosis.

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

Decision rationale: Based on the review of the medical records, the injured worker completed an initial evaluation with [REDACTED] on 10/30/13. In the "Doctor's First Report of Occupational Injury or Illness" dated 10/30/13, [REDACTED] recommended an initial course of 12 psychotherapy sessions as well as 12 hypnotherapy/relaxation sessions, for which the request under review is based. The ODG recommends the use of hypnotherapy and specifies that the "number of visits should be contained within the total number of psychotherapy visits." In regards to psychotherapy visits, the ODG recommends an "initial trial of 6 visits over 6 weeks." Given these guidelines, the request for an initial 12 hypnotherapy visits exceeds the total number of initial visits and is not medically necessary.