

<b>Case Number:</b>	CM13-0020388		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	01/12/2002
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has Fellowship training in Cardiovascular Disease, 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 physician 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 patient is a 50-year-old female who reported an injury on 01/12/2002. The patient is diagnosed with thoracic disc, chronic pain, insomnia, depression, and anxiety. The patient was seen by [REDACTED] on 07/30/2013. The patient reported persistent pain. The patient also reported increasing sleep problems and agitation. Physical examination was not provided. Treatment recommendations included authorization for a set of Spanish CDs to help with relaxation, sleep problems and increased levels of depression. The patient was to also continue cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spanish CDs to help with relaxation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-400.

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

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state the goal of relaxation techniques is to teach the patient to voluntarily

change his or her physiologic and cognitive functions in response to stressors. Using these techniques can be preventive or helpful for patients in chronically stressful conditions, or they even may be curative for individuals with specific physiologic responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. The main disadvantages are that formal training, at a cost, is usually necessary to master the technique, and the techniques may not be a suitable therapy for acute stress. As per the clinical notes submitted, the patient reported improvement in depression symptoms following an increase in medication. The patient is currently participating in cognitive behavioral therapy. The medical necessity for the requested service has not been established. Therefore, the request is noncertified.