

Case Number:	CM13-0050361		
Date Assigned:	12/27/2013	Date of Injury:	11/02/2007
Decision Date:	11/26/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/01/2013

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. 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 60 year-old female [REDACTED] with a date of cumulative injury of 11/2/07. The claimant sustained injury to her right shoulder and back while working as a seamstress for [REDACTED]. In his PR-2 report dated 1/15/14, [REDACTED] diagnosed the claimant with: (1) Chronic myofascial pain syndrome, cervical and thoracolumbar spine; (2) Status post arthroscopic surgery to right shoulder, December 2012; (3) Status post surgical release of bilateral carpal tunnel syndrome, right 3/31/09 and left on 2/13/10; (4) Gastritis secondary to NSAIDS; and (5) Right trigger finger 3rd and 4th digits. Additionally, in his "Panel Qualified Medical Evaluation Updated Permanent and Stationary Report Cervical Spine and Right Shoulder" dated 10/3/13, [REDACTED] diagnosed the following: (1) Arthroscopic subacromial decompression with partial AC joint excision at the right shoulder; and (2) Associated with continued chronic strain/sprain of the neck and adjacent right trapezius muscle. The claimant has been treated over the years with medications, physical therapy, TENS unit, injections, and surgery. It is also reported that the claimant developed psychaitric sympoms secondary to her work-related orthopedic injuries. In the RFA dated 11/19/13, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder; and (4) Sleep disorder due to chronic pain. The claimant has been receiving psychotropic medication management services as well as psychological services including group psychotherapy and hypnotherapy sessions for the past few years. It is noted that the request under review is from September 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL MEDICAL HYPNOTHERAPY ONE (1) TIME A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: The CA MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in November 2007. She has also experienced symptoms of depression and anxiety secondary to her chronic pain. It is reported that the claimant has been receiving both psychotropic medications and psychological services for the past few years to treat her psychiatric symptoms. The request under review is from September 2013. Based on the records submitted prior to the request, the claimant was participating in group psychotherapy and hypnotherapy services with [REDACTED] and/or his colleagues. It is unclear as to how many sessions were completed prior to September 2013 and there is limited information included for review about the claimant's progress from those completed sessions. Without adequate information about past services nor documentation to substantiate the need for additional hypnotherapy sessions, the request for "additional medical hypnotherapy one (1) time a week for six (6) weeks" is not medically necessary.