

<b>Case Number:</b>	CM13-0052050		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	04/02/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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 is licensed to practice in New York. 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 59 year old male machine operator with a date of injury on 08/04/2009. He was diagnosed with left wrist tendonitis that day from using a wrench. He claimed cumulative trauma to his neck, upper extremities and lower extremities. He was terminated in 08/2010 for failure to pass a newly required English proficiency test. As a result of his termination and injuries he alleged the development of a mood disorder. He has received psychiatric treatment. On 05/14/2013 he had a psychiatric evaluation and his main physical complaint was left wrist pain. Neck stiffness and pain that radiated to his shoulders was his secondary physical complaints. He also reported low back pain. He was treated with injections and physical therapy (Western Physical Therapy) including a stimulation unit. He has bilateral heel pain from standing that started in the 1990s. He was taking Gabapentin and Naproxen. Depression started in 2009/2010. He received treatment for depression. It was noted on 05/14/2013 that from a psychiatric perspective he had reached maximal medical improvement. The request for hypnotherapy was for treatment of his depression/anxiety and not for physical complaints. This was denied on 10/16/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**medical hypnotherapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2014 Hypnosis

**Decision rationale:** MTUS does not list hypnosis as a treatment modality. ODG 2014 does discuss hypnosis as a treatment modality for mental conditions. The ODG 2014 lists hypnosis for a secondary adjunct treatment for post traumatic stress disorder as the only condition for which hypnosis may be indicated. The patient has no history of PTSD. He does have mild to moderate depression and anxiety which has already reached maximum medical improvement as of 08/14/2013.