

<b>Case Number:</b>	CM13-0053090		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Family Practice 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 62 year old female who reported a work injury on 11/17/2011. The mechanism of injury reported was repetitive duties of her job. The patient had described a burning low back pain that radiates to bilateral lower extremities, and both feet, with numbness and tingling to bilateral extremities that is aggravated by prolonged sitting, standing, walking, sleep positions, bending, lifting, and dressing. Relief is noted in the clinical notes by resting, reclining, hot baths, and ice compression. The treatment plan in this clinical note was to include blood work, request for cognitive behavioral therapy, recommended stopping the Soma medication, requesting an electrical stimulator consider pool therapy, and possible more structured multidisciplinary pain program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A CD series for home use for self-hypnosis, meditation and relaxation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

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

**Decision rationale:** The request for the CD's is non-certified. The patient has a history for chronic pain from the lower back that radiates to the bilateral extremities with both feet involved. This pain is noted to be aggravated by common activities of daily living. The Official Disability Guidelines recommend hypnosis as a conservative option depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Data to support the efficacy hypnosis for chronic low back pain are limited. Therefore this request for a CD series for home use that educates on self-hypnosis, medication, and relaxation is non-certified.