

<b>Case Number:</b>	CM13-0068867		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/14/2008
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 patient is an employee of [REDACTED] and has submitted a claim for right shoulder pain with an industrial injury date of June 14, 2008. Treatment to date has included medications, physiotherapy, home exercise program, and 2 prior arthroscopic surgeries. Utilization review from December 8, 2013 denied the request for medical hypnotherapy relaxation training 12 weeks because the patient was not diagnosed with posttraumatic stress disorder; and monthly follow-up appointments 6-8 months because a psychiatric evaluation prior to determination of the appropriateness of follow-up appointments was recommended. Medical records from 2010 through 2013 were reviewed, which showed that the patient complained of right shoulder pain accompanied by pain on the right side of her cervical spine. She also complained of compensatory overuse syndrome involving the left shoulder. She also reported pain down her right arm, neck, left shoulder, left arm, low back, and both lower extremities. The patient also had anxiety and depression and significant problems with sleep. On physical examination, there was tenderness of the posterior cervical musculature and trapezius muscles bilaterally, right greater than the left. Examination of the right shoulder revealed limited range of motion. There was also tenderness around the right shoulder in the subacromial bursa and anterior aspect of the shoulder. There were no sensory deficits noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MEDICAL HYPNOTHERAPY, RELAXATION TRAINING, 12 WEEKS:**

**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) Pain Chapter

**Decision rationale:** According to the Official Disability Guidelines (ODG) Pain Chapter, hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. In this case, the request is for hypnotherapy for 12 weeks, which is beyond the duration recommended by the guidelines. Furthermore, there was no discussion regarding the indication for hypnotherapy despite the quality of evidence with this therapy being weak. Therefore, the request for medical hypnotherapy, relaxation training, 12 weeks is not medically necessary.

#### **MONTHLY FOLLOW UP APPOINTMENTS 6-8 MONTHS:**

**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) Pain Chapter

**Decision rationale:** The California MTUS does not specifically address follow-up visits; however, according to the Official Disability Guidelines, evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, there was no discussion regarding to which physician these requested monthly follow-up appointments would be. Moreover, there was no discussion regarding the indication or necessity for the requested frequency and duration of these follow-up visits. Furthermore, eventual patient independence from the health care system as soon as clinically feasible is recommended as stated above. Therefore, the request for monthly follow-up appointments 6-8 months is not medically necessary.