

<b>Case Number:</b>	CM13-0070435		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/06/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 53 year-old female with a date of injury of 1/6/12. The claimant sustained injuries to her left hand and wrist and her right hand while working as a picker in a warehouse. In his PR-2 report dated 12/2/13, [REDACTED] diagnosed the claimant with status post left carpal tunnel release with partial flexor tenosynovectomy on 12/18/12, degenerative disc disease C5-6, moderately severe with left upper extremity C6 cervical radiculitis, moderately severe right carpal tunnel syndrome, depression/anxiety and sleep disturbance because of pain. It is also reported that the claimant has experienced psychiatric symptoms secondary to her work-related orthopedic injuries. In his RFA's dated 11/11/13, [REDACTED] diagnosed the claimant with major depressive disorder, single episode, generalized anxiety disorder, female hypoactive sexual desire disorder and insomnia

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **HYPNOTHERAPY, QUANTITY 1: 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 and Stress, Hypnosis.

**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, Hypnosis.

**Decision rationale:** The California 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 been receiving psychological services with Psychological Assessment Services since at least the beginning of 2013, if not earlier. It is unclear as to how many completed services the claimant has received and the progress of those services. There is also very limited information to substantiate the request for hypnotherapy. Due to the lack of relevant information, the request for Hypnotherapy, quantity 1 is not medically necessary.