

<b>Case Number:</b>	CM14-0002329		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	12/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 58 year-old male with a date of injury of 4/26/10. The claimant sustained cumulative trauma injuries while working as the machine operator for the knitting machine at Alstyle Apparel. In a PR-2 report dated 12/10/13, [REDACTED] diagnosed the claimant with: (1) Bilateral L5-S1 radiculopathy; (2) Head contusion; (3) Right carpal tunnel syndrome; (4) Ruptured disc L4-L5; (5) Status post cervical discectomy ad fusion C4-C5, C5-C6, C6-C7 9/10/11; (6) Status post left carpal tunnel release; (7) Status post lumbar laminectomy and discectomy with interbody fusion and pedicle screw instrumentation L4-L5; and (8) Status post lumbar decompression and fusion with pedicle screw instrumentation T11-L2. It is also reported that the claimant has developed psychiatric symptoms secondary to his work-related orthopedic injuries. In a 10/24/13 "Psychological Testing Report - Permanent and Stationary", [REDACTED] diagnosed the claimant with: (1) Depressive disorder NOS; (2) Anxiety disorder NOS; (3) Male hypoactive sexual desire disorder due to chronic pain; (4) Insomnia related to anxiety disorder NOS and chronic pain; and (5) Psychological factors affecting medical condition, headaches. It is the claimant's psychiatric diagnoses that are most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWENTY FOUR MEDICAL HYPNOTHERAPY/RELAXATION VISITS, TWO TIMES A MONTH FOR TWELVE MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 23, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Pain, Hypnosis; Mental Illness, 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.

**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 been receiving psychological services for quite some time since his injury. He was initially evaluated by [REDACTED] in early 2011 and has subsequently participated in individual and group psychotherapy in addition to relaxation and hypnotherapy sessions with varied progress. The claimant has been deemed permanent and stationary. In reference to the use of hypnotherapy, the ODG indicates that the "number of visits should be contained within the total number of psychotherapy visits". Although the claimant continues to experience some symptoms and will benefit from continued services, the request for "Twenty Four Group Medicalhypnotherapy/Relaxation Visits, Two Times a Month for Twelve Months" appears excessive as it does not offer a reasonable period of time for reassessment. As a result, the request for Twenty Four Group Medicalhypnotherapy/Relaxation Visits, Two Times a Month for Twelve Months is not medically necessary.