

Case Number:	CM14-0101765		
Date Assigned:	07/30/2014	Date of Injury:	10/27/2011
Decision Date:	10/02/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 62-year-old female was reportedly injured on December 27, 2011. The mechanism of injury is listed as repetitive trauma. The most recent progress note, dated April 21, 2014, indicates that there are ongoing complaints of irritability, anxiety, and difficulty sleeping. The physical examination demonstrated sadness and anxiety. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes psychotherapy. A request had been made for six additional relaxation training/medical hypnotherapy once a week for six weeks for the neck, and right shoulder and was not certified in the pre-authorization process on June 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional relaxation training/medical hypnotherapy sessions to the neck and right shoulder, as an outpatient, once weekly for six weeks: 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), Pain, Hypnosis, Updated September 26, 2014.

Decision rationale: A review of the attached medical record indicates that the injured employee has previously attended relaxation training and hypnotherapy. The results of this treatment as apart from the injured employees psychotherapy treatment is unknown. Without any documentation of objective functional improvement, this request for Additional relaxation training/medical hypnotherapy sessions to the neck and right shoulder, as an outpatient, once weekly for six weeks, is not medically necessary or appropriate.