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| Case Number: | CM14-0120293 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 07/28/2012 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 licensed 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 49 year-old female (██████████) with a date of injury of 7/28/11. The claimant sustained injury to her neck, shoulders, and back while working as an accountant in payroll for ██████████. In his Primary Treating Physician's Narrative Reevaluation Report dated 4/11/14, ██████████ diagnosed the claimant with: (1) Bilateral right shoulder sprain/strain with impingement left more than right; (2) Possible cervical diskogenic pain/possible bilateral cervical facet pain C2-C3, C5-C6 left more than right / possible cervical sprain/strain; (3) Improved bilateral cervical radicular pain C6 left more than right, status post cervical epidural on March 5, 2013 and May 28, 2013 and January 7, 2014; (4) Possible lumbar diskogenic pain / possible bilateral lumbar facet pain L4-L5, L5-S1 right more than left / possible lumbar sprain/strain, status bilateral L4-L5 lumbar decompression. On January 20, 2014 with 40% improvement as of February 12, 2014; (5) Bilateral lumbosacral radicular pain L5-S1 left more pronounced than right (abnormal EMG February 14, 2013) (40% improvement in bilateral lower extremity pain with bilateral lumbar decompression L4-L5 on January 20, 2014 as of February 12, 2014; and (6) Stress syndrome (anxiety, depression, insomnia, crying spells). The Patient has been treated with medication, physical therapy, acupuncture, home exercise program, heating pad, home inferential unit, epidurals, and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. However, there were no psychological nor psychiatric records included for review. It was reported that the claimant has been treating her psychiatric symptoms with psychotropic medications and psychotherapy including hypnotherapy and relaxation sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation training x6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Hypnosis.

Decision rationale: The CA MTUS does not address the use of hypnotherapy or relaxation techniques therefore, the Official Disability Guideline regarding the use of hypnotherapy and the ACOEM guideline regarding the use of relaxation techniques will be used as reference for this case. Based on the review of the limited medical records, the claimant has been receiving psychological services with [REDACTED] including group psychotherapy and hypnotherapy/relaxation sessions. Because there were no psychological nor psychiatric records included for review, the claimant's diagnosis is unknown as is the number of sessions completed and the progress/improvements from those sessions. Without sufficient information, the request for "Medical Hypnotherapy/Relaxation training x6" is not medically necessary.