

<b>Case Number:</b>	CM14-0128470		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Texas. 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 injured worker is a 31 year old female whose date of injury is 04/01/09. On this date she injured her right hand and wrist when she tried to scoot herself backwards while sitting on the ground. Treatment to date includes stellate ganglion block, medication management, bracing, therapy, home exercise program, spinal cord stimulator. Progress report dated 06/18/14 indicates that she is taking Zoloft and Buspar for depressive symptomatology. Diagnoses are CRPS-I right hand and arm, status post spinal cord stimulator 05/2010, major depression/anxiety disorder, and chronic myofascial pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/Relaxing training therapy x16:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012 and Official Disability Guidelines (ODG): Hypnotherapy and Biofeedback.

**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:** Based on the clinical information provided, the request for hypnotherapy/relaxing training therapy x 16 is not recommended as medically necessary. The Official Disability Guidelines note that hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. However, the submitted records fail to establish that this injured worker presents with a diagnosis of posttraumatic stress disorder. This injured worker has been diagnosed with major depression/anxiety disorder. Therefore, hypnotherapy/relaxing training therapy is not appropriate for this injured worker, and medical necessity is not established.