

Case Number:	CM14-0170726		
Date Assigned:	10/23/2014	Date of Injury:	12/12/2011
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 54 year-old female [REDACTED] with a date of injury of 12/12/11. The claimant sustained injuries to her spine, bilateral shoulders, bilateral upper extremities including the arms, elbows and wrists, and the neck as the result of a motor vehicle accident while working for SEIU Local 721. In his PR-2 report dated 9/11/14, [REDACTED] diagnosed the claimant with the following: (1) Cervical spine narrowing of the disc spaces at C5-6 and C6-7, compatible with degenerative changes. At the C5-6 and C6-7 levels, there are 2.5 to 3.0., broadbased posterior disc bulges, causing indentation of the anterior thecal sac, per MRI 3/12/12; (2) Cervical spine sprain/strain; (3) Left shoulder adhesive capsulitis; (4) Left shoulder, arthroscopic rotator cuff repair, biceps tenodesis, debridement of the glenohumeral joint, subacromial decompression with bursectomy and partial acromioplasty, 12/2/13; (5) Left shoulder, postoperative changes, severe tendinosis of the supracapinatus tendon, mild to moderate narrowing of subacromial space secondary to mild hypertrophic degenerative changes of distal clavicle with inferior osteophytic spurring, probable capsular hypertrophy, tendinosis of tendon of long head of biceps muscle, mild tenosynovitis, mild bone edema and reactive changes within humeral head at the level of the hardware placed during surgery, per MRI 2/12/14; (6) Lumbar spine radiculopathy; (7) Right shoulder joint pain from overcompensation; (8) Left elbow status post ulnar nerve decompression and ulnar nerve subcutaneous anterior transposition, 2/11/13;(9) Left wrist carpal tunnel syndrome, per EMG/NVC 11/1/13; (10) Left wrist sprain/strain; (11) Right wrist carpal tunnel syndrome, per EMG/NCV 11/1/13; (12) Right wrist sprain/strain; (13) Right trigger thumb; (14) Thoracic spine radiculopathy; (15) Thoracic spine sprain/strain; and (16) Gastritis, non-industrial. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the "Peer Clinical Review Report" dated 9/29/14, it was stated that in his "Doctor's First Report of Occupational Injury or Illness" dated 9/17/14, [REDACTED]

██████ diagnosed the claimant with: (1) Major depressive disorder; (2) Generalized anxiety disorder; (3) Female hypoactive sexual desire disorder; (4) Insomnia; and (5) Stress-related physiological response affecting gastrointestinal disturbances and headaches. Unfortunately, this report nor any other reports from ██████ were submitted for review in order to confirm this diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy/relaxation training once a week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 continues to experience chronic pain since her injury in December 2011. It is also reported that she is experiencing psychiatric symptoms as well. The request under review is based upon ██████ recommendations following his initial evaluation of the claimant in September 2014. Unfortunately, there were no psychological records submitted for review to confirm diagnostic information nor treatment recommendations. Without adequate information, the need for psychological services cannot be determined. As a result, the request for "Hypnotherapy/relaxation training once a week for 12 weeks" is not medically necessary.