

<b>Case Number:</b>	CM14-0024875		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/09/2005
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 43-year-old male who reported an injury on 09/09/2005. The mechanism of injury was not provided. On 05/30/2014, the injured worker presented with severe low back pain. He also describes burning pain in the lower bilateral extremities, bilateral ankle pain, along with dyspepsia and aggregation from acid reflux due to medications. Prior treatment included epidural steroid injection, surgery, pain management, electrodiagnostic studies, psychiatric treatment, and medications. Upon examination, the injured worker was slightly depressed. The examination of the lumbar spine revealed paraspinous tenderness from L3-S1, pain primarily with lumbar extension and rotation bilaterally, tenderness to palpation over the bilateral L3-5 and L5-S1 paravertebral joints. The diagnoses were chronic lumbar spine sprain/strain with L4-5, 3-4 mm left disc protrusion and 2-3 mm right disc protrusion, status post bilateral calcaneus fracture with multiple surgeries including subtalar fusion resulting in neuropathic pain, history of right foot/ankle ORIF with subsequent removal of hardware, and status post removal of hardware left foot/ankle secondary to ORIF status post calcaneus fracture and surgery including subtalar fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 RELAXATION TRAINING.HYPNOTHERAPY SESSIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation ODG, Pain Chapter, Hypnosis.

**Decision rationale:** The California MTUS/ACOEM Guidelines state the goal of relaxation techniques is to teach the injured worker to voluntarily change his or her physiologic and cognitive functions in response to stressors. The Official Disability Guidelines further state that hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for injured workers with chronic muscular pain. Data to support the efficacy of hypnosis for chronic low back pain are limited. The guidelines recommend an initial trial of 4 visits over 2 weeks and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. The provider's request for 12 relaxation training hypnotherapy sessions exceed the recommendation of the guidelines. As such, the request is not medically necessary.