

Case Number:	CM14-0031446		
Date Assigned:	04/09/2014	Date of Injury:	09/02/2011
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 patient is an employee of [REDACTED] and has submitted a claim for Anxiety disorder, Depressive disorder, and lumbar radiculopathy associated with an industrial injury date of 09/02/2011. Treatment to date has included group therapy, amputation of the right great toe, and physical therapy. Current medications include naproxen, tramadol, omeprazole, benzodiazepine and topical medications. Utilization review from 01/27/2014 denied the request for medical hypnotherapy / relaxation once weekly for 6 weeks because of lack of documentation of ongoing symptomatic complaints of PTSD that have not resolved even with the extensive therapy received by the patient. Medical records from 2013 to 2014 were reviewed showing that patient has been complaining of chronic low back pain described as stabbing with radiation down his right anterior leg and burning paresthesia in the soles of his feet, bilaterally. He stated that his back pain was graded 8/10 but can be relieved to 5/10 with intake of medications. The right leg pain had a pain scale of 6-7/10 associated with tingling, burning, numbness, pulling, and stiffness. It was aggravated by sitting, standing, walking, bending, twisting, pulling and lifting. Physical examination showed no deformity, muscle guarding or spasm at the lumbar spine. There was bilateral lumbosacral paraspinal tenderness. Pain was present upon lumbar extension and rotation. He had limited lumbar flexion at 45 degrees and lumbar extension at 15 degrees. He manifested with right antalgic gait. Muscle strength was 5/5 at all extremities. Areflexia was noted at right gastrocnemius. Special tests that showed positive at right include straight leg raise, Bonnet's phenomenon, and Braggard's sign. The most recent progress report from a psychological standpoint was dated 10/07/2013 stating that patient reported improved mood and motivation. However, he still complained of feelings of sadness, stress and nervousness. He worried extensively about his physical condition. Patient also had frequent interruptions while sleeping. He felt tired and sleepy throughout the day. Objective findings showed that he had sad

and anxious mood, apprehension, bodily tension, poor concentration, and restlessness. Treatment plan at that time included cognitive behavioral group psychotherapy sessions and relaxation training.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICAL HYPNOTHERAPY/RELAXATION:

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 Chapter, Hypnosis

Decision rationale: The California MTUS does not address this issue. The Pain Chapter in ODG states 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 patients with chronic muscular pain. Hypnotic therapy was likewise indicated in the treatment of PTSD. The initial trial should be 4 visits over 2 weeks - with evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). In this case, there was no documentation stating if patient already had hypnotherapy in the past as part of his psychotherapy. He already completed 29 visits in group psychotherapy to date, however, there was no objective evidence of any development necessitating initiation of medical hypnotherapy. Likewise, the request for medical hypnosis did not state if it is indicated for his depressive / anxiety disorder or for treatment of his chronic muscular pain. Furthermore, the present request does not specify the frequency of treatment sessions. Therefore, the request for medical hypnotherapy / relaxation is not medically necessary.