

<b>Case Number:</b>	CM14-0031797		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/06/2010
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 45 year-old female with a date of injury of 10/6/10. The claimant sustained injury to her back when she slipped and fell while stepping down a metal stairway while working as a cereal packer for [REDACTED]. In a PR-2 report dated 2/11/14, [REDACTED] diagnosed the claimant with: (1) Lumbar degenerative disc disease; (2) depression with anxiety; (3) facet arthrosis; and (4) lateral recess stenosis. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries however, there was only one psychological medical records supplied for review and it did not offer a diagnosis. According to the undated "Application for Independent Medical Review", the claimant is diagnosed with Depressive Psychosis, mild.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy/relaxation training (13 sessions):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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:** The CA MTUS does not address the use of hypnotheapy/relaxation training therefore, the Official Disability Guideline regarding the use of hypnosis will be used as reference for this case. According to the ODG, the number of hypnosis sessions should be contained within the total number of psychotherapy visits. Based on the review of the medical records/reports, the claimant has participated in group therapy as well as hypnotherapy for quite some time. It is estimated that she has completed at least 65 group and/or hypnotherapy sessions. In the most recent PR-2 report from treating psychiatrist, [REDACTED], the claimant reports good sleep...improved mood and overall, tolerating stressors. There are no medical records from the treating psychologist/therapist. As a result, the number of sessions to date is unknown as well as the claimant's progress/improvements from those sessions. Without any information about previous treatments, the need for further services cannot be determined. As a result, the request for medical hypnotherapy/relaxation training is not medically necessary.