

<b>Case Number:</b>	CM14-0033934		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/18/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Psychiatry 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 injured worker is a 46 year old female with a date of injury of 6/18/2009. The date of the UR decision was 3/5/2014. A report dated 4/2/2014 suggested that she was awaiting carpal tunnel release surgery. She was noted to have difficulty sleeping and was waking up due to throbbing pain. She was diagnosed with bilateral carpal tunnel syndrome, worse on left than right, s/p left epicondyle release on 7/2/2013. A psychological report dated 2/28/2014 listed subjective complaints as improved mood and motivation with treatment and decreased intensity of depressive symptoms. She reported having persisting pain interfering with her ADL's and sleep. She also reported to be sad, discouraged, stressed, nervous, and frustrated due to physical limitations. Objective findings included sad/anxious mood, poor concentration, bodily tension, apprehension. Per that report, Wellbutrin 150 mg was continued at the same dose and Trazodone dose was increased to 100 mg nightly for insomnia. Psychiatric diagnoses given to the injured worker are Major Depressive disorder, single episode; Anxiety disorder NOS; Insomnia and Psychological factors affecting medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of relaxation training/hypnotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20 and 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, page(s) 23 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic).

**Decision rationale:** The MTUS Chronic Pain Guidelines states that behavioral interventions are recommended at an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. The ODG states 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. Data to support the efficacy hypnosis for chronic low back pain are limited. The ODG Hypnotherapy Guidelines indicate 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 (individual sessions) are recommended. Upon review of the submitted documentation, the request for 12 sessions is excessive per the Guidelines and thus is not medically necessary at this time.