

<b>Case Number:</b>	CM14-0040665		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	02/13/2008
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### **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 a licensed Psychologist 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 43 year-old female [REDACTED] with a date of injury of 2/13/08. The claimant sustained injury to her back, right shoulder, and right knee when she fell from something about 3.5 feet above the ground while trying to place bed sheets onto a high shelf. She landed on her back atop some pieces of wood. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. There was no diagnosis offered by either her treating psychologist or psychiatrist. She has treated her psychiatric symptoms with psychotropic medications and psychological services including individual and group psychotherapy as well as relaxation/hypnotherapy sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hypnotherapy/relaxation training one time a week for 12 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 1062-1067. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

**Decision rationale:** The ACOEM guideline regarding relaxation techniques and the Official Disability Guideline regarding the use of hypnotherapy will be used as references for this case. Based on the most recent Requested Progress Report submitted for review, dated 2/28/14, [REDACTED] and [REDACTED] indicate that the claimant's progress is: the patient reports of improved mood and motivation with treatment and she reports improved ability to relax and use breathing exercises to manage stress. The improvements noted are general and not measurable. The treatment plan listed is the same plan offered in all other progress reports. It is unclear from the report exactly how many sessions of each treatment modality have been completed and whether the progress identified is from the individual sessions, group sessions, or the relaxation/hypnotherapy sessions that have been authorized. Without more specific and precise information about the services being completed, the request for additional sessions cannot be fully determined. As a result, the request for Hypnotherapy/relaxation training one time a week for 12 weeks is not medically necessary. It is noted that the claimant received a modified authorization for 6 sessions in response to this request.