

Case Number:	CM14-0044528		
Date Assigned:	07/07/2014	Date of Injury:	10/27/2011
Decision Date:	08/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 62 year-old female ([REDACTED]) with a date of injury of 10/27/11. The claimant sustained injury while working for [REDACTED]. In his AME dated 11/22/13, [REDACTED] diagnosed the claimant with: (1) Neck pain with MRI scan evidence (1/11/12) of 1.7 mm disc bulge at C3/4, a 2.6 mm disc bulge at C4/5, a 1.9 mm disc bulge at C5/6 and a 1.7 mm disc bulge at C6/7; (2) Right shoulder impingement syndrome with MRI scan evidence (12/3/12) of tendinitis versus partial thickness tear involving the rotator cuff; (3) Right carpal tunnel syndrome with abnormal nerve conduction velocity (2/10/12); (4) Left carpal tunnel syndrome with abnormal nerve conduction velocity (2/10/12); and (5) Low back pain with MRI scan evidence (1/11/12) of a 2.1 mm disc bulge at L3/4, a 2.8 mm disc bulge at L4/5, and a 4.2 mm disc bulge at L5/S1. The claimant has been treated via medications, acupuncture, injections, and surgery. It is also reported that she has been participating in psychological services as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Outpatient Relaxation Training/Medical Hypnotherapy; once a week for 6 weeks for the management of symptoms related to the low back, neck, right shoulder and bilateral wrists: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX www.odg-twc.com Section-Pain.

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.

Decision rationale: The California MTUS does not address the use of hypnotherapy therefore, the Official Disability Guideline regarding the use of hypnotherapy will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in October 2011. It is noted within the medical records that the claimant has been participating in psychological services with [REDACTED] and/or [REDACTED] however, there were no records offered for review. Without the information about the services already completed, the need for additional services cannot be determined. As a result, the request for 6 Outpatient Relaxation Training/Medical Hypnotherapy; once a week for 6 weeks for the management of symptoms related to the low back, neck, right shoulder and bilateral wrists is not medically necessary.