

Case Number:	CM14-0049779		
Date Assigned:	07/07/2014	Date of Injury:	03/28/2001
Decision Date:	09/03/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 patient is a 61-year-old female who has submitted a claim for cervical radiculitis, cervical syndrome, cervical spondylosis, rotator cuff sprain/strain/tear, and depression associated with an industrial injury date of March 28, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient reported improved mood and motivation with treatment. She stated she had significant difficulty falling asleep without medication. She also reported persisting pain, which interfered with her activities of daily living and her sleep. She felt tired and easily fatigued during the day. She felt sad, nervous, and stressed. She was frustrated by her physical limitations. She also reported headaches and bodily tension. She experienced crying spells and urges to cry. She reported to be more emotional and sensitive than before. Mental status examination revealed a sad and anxious mood. The patient appeared preoccupied about her physical condition and her future. Treatment to date has included medications and psychotherapy. Utilization review from April 1, 2014 denied the request for 6 medical hypnotherapy/relaxation training sessions because the requested six sessions were in excess of the four initial visits endorsed by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Medical Hypnotherapy/Relaxation Training Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in

Workers' Compensation (ODG-TWC), Online Edition, Pain Chapter - Hypnosis; ODG Hypnotherapy Guidelines.

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: CA MTUS does not specifically address hypnosis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that hypnosis is recommended as a conservative option but the quality of evidence is weak. An initial trial of 4 visits over 2 weeks is recommended and with evidence of objective functional improvement, a total of up to 10 visits over 6 weeks. In this case, relaxation training/hypnotherapy was requested to help patient manage stress and/or levels of pain. However, the present request is for 6 hypnotherapy sessions, which is beyond the initial trial of 4 visits recommended by guidelines. A rationale was not provided as to why an excess number of initial hypnotherapy sessions was needed. Therefore, the request for 6 medical hypnotherapy/relaxation training sessions is not medically necessary.