

Case Number:	CM14-0054675		
Date Assigned:	07/16/2014	Date of Injury:	10/04/2011
Decision Date:	09/18/2014	UR Denial Date:	04/12/2014
Priority:	Standard	Application Received:	04/24/2014

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 Psychology and is licensed to practice in Texas. 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 59-year-old male who reported an injury on 10/04/2011 due to cumulative injuries. His diagnoses were cervical myoligamentous injury with bilateral upper extremities radicular symptoms, bilateral carpal tunnel syndrome, bilateral shoulder sprain/strain, lumbar myoligamentous injury with bilateral lower extremities radicular symptoms, reactive airway disease due to chemical exposure, right shoulder arthroscopic surgery, and medication-induced gastritis. Past treatments were acupuncture, cognitive behavioral therapy, epidural steroid injections, and trigger point injections. Diagnostic studies were MRIs of the cervical, lumbar, and left shoulder; an Electromyography (EMG) that revealed bilateral carpal tunnel; an MRI of the cervical spine revealed a 2 to 2.2 mm disc bulge at the C5-6 and C6-7 with associated facet arthropathy and bilateral neural foraminal stenosis. The MRI of the lumbar spine revealed at the L5-S1, a 2.6 mm disc bulge with associated facet arthropathy and bilateral foraminal stenosis exerting pressure over the exiting L5 nerve root. At L4-5 and L3-4, there was a 3.7 mm disc bulge with associated facet arthropathy and bilateral neural foraminal narrowing exerting pressure over the L3 and L4 nerve roots bilaterally. A surgical history was right arthroscopic shoulder surgery. The injured worker had a physical examination on 02/21/2014 that revealed complaints of ongoing pain in the lower back which radiated down to both lower extremities. The injured worker did recently undergo a single lumbar epidural steroid injection with pain relief that lasted a good 2 months. The examination of the cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points along the cervical paraspinal muscles, upper trapezius, and medial scapular regions bilaterally. There was decreased range of motion with obvious muscle guarding. The cervical spine range of motion for flexion was to 30 degrees, extension was to 30 degrees, right lateral bend was to 30 degrees, and left lateral bend was to 30 degrees. Right rotation was to 60 degrees and left

rotation was to 60 degrees. Deep tendon reflexes for the biceps were 2/4 on the right, 2/4 on the left; triceps were 2/4 on the right, 2/4 on the left; brachioradialis 2/4 on the right and 2/4 on the left. The sensory examination revealed decreased sensation along the lateral arm and forearm bilaterally at approximately the C5-6 distribution. The examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The injured worker had decreased range of motion with obvious muscle guarding. Range of motion for the lumbar spine was flexion was to 45 degrees, extension was to 15 degrees, left lateral bend was to 20 degrees, and right lateral bend was to 20 degrees. Deep tendon reflexes for the patella were to 2/4 on the right and 2/4 on the left; Achilles tendon was 1/4 on the right and 1/4 on the left. The sensory examination revealed a decrease in sensation along the posterolateral thigh and posterolateral calf bilaterally in approximately the L5-S1 distribution. The straight leg raise in the sitting position was negative at 60 degrees bilaterally. medications were Norco 10/325 mg 1 twice a day, Anaprox DS 550 mg 1 tablet twice a day, Zanaflex 4 mg 1 tablet twice a day, Prilosec 20 mg 1 tablet twice a day, Topamax 50 mg 1 tablet twice a day, and Prozac 80 mg 1 daily. The treatment plan was for future epidural steroid injections, continue medications as directed, and hypnotherapy. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hypnotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines; Mental Illness and Stress Chapter, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Hypnosis.

Decision rationale: The request for hypnotherapy is not medically necessary. The California ACOEM state "the goal of relaxation techniques is to teach the patient to voluntarily change his or her physiologic and cognitive functions in response to stressors. Using these techniques can be preventive or helpful for patients in chronically stressful conditions, or they may even be curative for individuals with specific psychological responses to stress. Relaxation techniques include meditation, relaxation response, and progressive relaxation. These techniques are advantageous because they may modify the manifestations of daily, continuous stress. The California Official Disability Guidelines recommend hypnosis as an option. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of post-traumatic stress disorder, and hypnosis may be used to alleviate post-traumatic stress disorder symptoms, such as pain, anxiety, disassociation, and nightmares, for which hypnosis has been successfully used." The injured worker was not diagnosed with post-traumatic stress disorder. Also, the medical necessity was not reported. This request does not state how many visits. Therefore, the request is not medically necessary.

