

<b>Case Number:</b>	CM14-0063874		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/27/2010
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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:

This is a 50 year old male with a date of injury May 27, 2010. Mechanism of injury is unknown. Diagnoses included status post left shoulder rotator cuff repair, lumbosacral strain L4-L5 extrusion, attempted suicide and sleep disorder. On April 17, 2014, he reported lower or lumbar-sacral back pain. His lumbar range of motion was flexion 20/60 and extension 10/25. An MRI showed grade anterolisthesis of L5 on S1 with severe bilateral neuroforaminal stenosis and mild spinal stenosis. Psychological assessment dated January 17, 2014 noted complaints of suicidal ideas 2-3 times per week, chronic pain, depression and anxious symptoms related to his pain/physical limitations and sleep problems. Objective findings included apprehension, body tension, depressed affect, sadness and anxious mood. Notes stated that the injured worker made some progress towards current treatment goals. His current emotional condition remained stable with psychotherapy. A psychological assessment dated May 3, 2014 stated that he is compliant with his medications and felt better at that visit. A high level of care was requested due to severe depression. Notes also stated that he needs to continue group and individual therapy. A request was made for hypnotherapy/relaxation training sessions 1x week for 12 weeks. On April 9, 2014, utilization review denied the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hypnotherapy/ relaxation training sessions 1 x a week for 12 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hypnosis, Pain (Chronic)

**Decision rationale:** MTUS is silent on the topic of hypnosis. 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. ODG Hypnotherapy Guidelines: 1) Initial trial of 4 visits over 2 weeks, 2) With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The request for Hypnotherapy/ relaxation training sessions 1 x a week for 12 weeks is excessive and not medically necessary.