

Case Number:	CM14-0090010		
Date Assigned:	09/10/2014	Date of Injury:	02/09/2009
Decision Date:	10/14/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 50 year old male with an injury date of 02/09/09. Based on the 02/17/14 progress report provided by [REDACTED], the patient complains of back pain with weakness to his knees, left worse than right, neck stiffness and headaches. The physical examination revealed midline and paraspinal tenderness to the lumbar spine with decreased range of motion to the lumbosacral spine. Weakness to bilateral lower extremities in all muscle groups was present. The patient is deemed to be at maximum medical improvement and permanent and stationary. Per progress report dated 12/20/13 by [REDACTED] "the patient attends group therapy and treats with psychiatrist. He finds both helpful with mood and sleep. The patient continues to experience symptoms of anxiety and depression, such as nervousness, inability to relax, excessive worry, sadness and pessimism about the future. Group psychotherapy is helpful with social interaction, which improves his mood and sense of hope and efficacy." The diagnoses include L3-L4, L4-L5 discogenic back pain with radiculopathy, bilateral knee weakness, major depressive disorder, sexual dysfunction, gastrointestinal bleed. The patient's psychological diagnoses include a single mild episode of major depressive disorder, generalized anxiety disorder, male hypoactive sexual desire disorder due to chronic pain, insomnia related to generalized anxiety disorder and chronic pain, stress-related physiological response affecting general medical condition, gastric disturbances and headaches. Per the progress report dated 12/20/13, the physician states under treatment plan: "relaxation training/hypnotherapy 12 sessions to help patient manage stress and/or levels of pain for 12 weeks. [REDACTED] is requesting Medical hypnotherapy. The utilization review determination being challenged is dated 05/15/14. The rationale is "not medically necessary." [REDACTED] is the requesting provider and he provided treatment reports from 01/07/13 - 02/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The patient presents with back pain, major depressive disorder and anxiety. The request is for Medical hypnotherapy. The patient continues to experience symptoms of anxiety and depression, such as nervousness, inability to relax, excessive worry, sadness and pessimism about the future. The ODG pain chapter states that for hypnotherapy "Initial trial of 4 visits over 2 weeks - With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions)." Per progress report dated 12/20/13, physician states under treatment plan: "relaxation training/hypnotherapy 12 sessions to help patient manage stress and/or levels of pain for 12 weeks." Physician's plan to provide 12 sessions of hypnotherapy exceeds guideline indication of initial trial of 4 visits. Therefore the request is not medically necessary.