

<b>Case Number:</b>	CM14-0090028		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/18/2008
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 & Rehabilitation 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 injured worker is a 63-year-old female who reported an injury on 12/18/2008 due to an unspecified mechanism of injury. The injured worker complained of left shoulder pain that she rated a 6/10 and right knee pain she rated a 4/10 using the Visual Analog Scale (VAS). The MRI of the left shoulder performed on 10/30/2010, demonstrated undersurface osteophytosis of the acromioclavicular joint with narrowing of the subacromial space. Past surgeries included a right knee surgery that was performed on 05/09/2013. The MRI of the left shoulder, performed on 12/27/2013, demonstrated a 10 mm in length partial intrasubstance demyelination tear that involved the distal fibers of the posterior supraspinatus and anterior infraspinatus of the greater tuberosity insertion site. Diagnosis included a left shoulder impingement syndrome, left shoulder acromioclavicular osteoarthritis, left shoulder partial rotator cuff tear, right knee medial meniscus tear, and a right knee chondromalacia. The objective findings dated 01/07/2014 for the left shoulder revealed tenderness noted, impingement test was positive, manual muscle testing revealed 4/5 strength with flexion, extension, abduction, adduction, internal rotation, external rotation range of motion restricted due to pain. Flexion was 150 degrees and extension 40 degrees. The right knee on examination, specifically the manual muscle testing, revealed a 4/5 strength with flexion and extension range of motion restricted due to pain with flexion of 120 degrees as well as an extension of 5 degrees. The past treatments included 40 sessions of psychotherapy and 40 sessions of hypnosis. The treatment plan included psychotherapy x 6 and hypnotherapy/relaxation x 6. The Request for Authorization, dated 06/23/2014, was submitted with documentation. The rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical hypnotherapy/relaxation x 6 (2/month x 3 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**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, Hypnosis

**Decision rationale:** The request for medical hypnotherapy/relaxation x 6 (2/month x 3 months) is not medically necessary. The Official Disability Guidelines (ODG) recommends hypnosis as an option, as indicated below. Hypnosis is a therapeutic intervention that may be an effective adjunctive procedure in the treatment of Post-traumatic stress disorder (PTSD), and hypnosis may be used to alleviate PTSD symptoms, such as pain, anxiety, dissociation and nightmares, for which hypnosis has been successfully used. In a study testing the effect of hypnosis on irritable bowel syndrome (IBS), it was found that the hypnosis was effective in reducing psychological distress and as a result, the IBS symptoms improved substantially, despite there being no measured physiological change. More testing should be done to measure the effect of hypnosis on stress reduction, with or without physical ailment, as preliminary results are positive. The documentation indicates that the injured worker has had 40 sessions of hypnosis. The guidelines indicate 13 to 20 visits over a 7 to 20 week period. The additional 6 visits, which would make a total for 46 visits, exceed the guidelines. Additionally, the clinical notes did not indicate the need for psychotherapy. There are no objective findings to warrant additional hypnotic therapy. As such, the request is not medically necessary.

**Psychotherapy x 6 (2/month x 3 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

**Decision rationale:** The request for psychotherapy x 6 (2/month x 3 months) is not medically necessary. The California MTUS does not recommend as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to physical therapy (PT).

Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Patients may continue biofeedback exercises at home. Per the guidelines, 3 to 4 sessions of psychotherapy over 2 weeks with a total up to 6 to 10 visits over 5 to 6 weeks with functional improvement. However, per the documentation, the injured worker has had 40 visits of psychotherapy with the request for an additional 6 makes 46 visits, which exceeds the guidelines. Additionally, the documentation and the clinical notes were not evident of objective findings consistent with a need for additional therapy. As such, the request is not medically necessary.