

Case Number:	CM14-0090044		
Date Assigned:	07/23/2014	Date of Injury:	08/05/2008
Decision Date:	09/16/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 66-year-old female who has submitted a claim for cervical radiculitis, associated with an industrial injury date of August 5, 2008. Medical records from 2014 were reviewed, which showed that the patient complained of persistent pain in her neck, shoulders and back. Physical examination revealed tenderness over the paraspinal musculature, Range of motion were as follows: 50 degrees on flexion, 60 degrees on extension, 80 degrees on right and left rotation, 45 degrees on right and left lateral bending. There was positive Spurling's maneuver. Motor strength was 5/5 in the bilateral upper extremities with intact sensation. Treatment to date has included medications. Utilization review from May 22, 2014 denied the request for medical hypnotherapy/relaxation training QTY: 6.00; because there was inadequate documentation to substantiate medical necessity or treatment benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical hypnotherapy/relaxation training QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 California MTUS does not specifically address this topic. 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 Official Disability Guidelines states that 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. In this case, medical hypnotherapy / relaxation training was prescribed in order for the patient to maintain her current psychological function. Documents reviewed did not show improvement in the quality of life of the patient despite prior medical hypnotherapy / relaxation training. Progress report submitted lacks an objective evidence to support its use. Therefore, the request for medical hypnotherapy/relaxation training QTY: 6.00 is not medically necessary.