

Case Number:	CM14-0203235		
Date Assigned:	12/15/2014	Date of Injury:	07/14/2012
Decision Date:	02/06/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 Psychiatrist (MD) 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:

Injured worker is a 52 year old female with date of injury 7/14/2012. Date of the UR decision was 11/19/2014. She sustained injury to her bilateral forearms with pain radiating to shoulders when she was grabbed and pulled by a client while performing her work duties. Per Psychologist report dated 11/10/2014, the injured worker presented with pain in right upper extremity resulting in sleep difficulties, anxiety and depression. The subjective complaints per the report were that she was sad, helpless, hopeless, and irritable, with crying episodes, weight changes, and thoughts of death. She was also having conflicts with others, anger, difficulty concentrating, apprehensive, sweating, and excessive worry, nightmares, headaches, chronic pain and hypertension. Objective findings per that report were that she had a depressed affect, had memory difficulties, was preoccupied with physical limitations and pain, anxious, sad, tearful, and nervous with body tension. She was diagnosed with Major Depressive Disorder, single episode, mild, and Generalized Anxiety Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve medical hypnotherapy/relaxation training sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23.

Decision rationale: 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:- 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 Psychologist report dated 11/10/2014, the injured worker presented with pain in right upper extremity resulting in sleep difficulties, anxiety and depression. Per guidelines the data to support efficacy of hypnotherapy is limited. Also the request for 12 sessions exceeds the guideline recommendations for an initial trial. Thus, the request for 12 Medical Hypnotherapy/Relaxation Training Sessions is excessive and not medically necessary.