

Case Number:	CM14-0025568		
Date Assigned:	06/13/2014	Date of Injury:	07/22/2009
Decision Date:	10/08/2015	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 52 year old female, who sustained an industrial injury on July 22, 2009. Currently, the injured worker reports worsening of mood due to worsening of her physical condition, feeling sad and helpless, anxious and nervous, with social isolation, avoiding interacting with others, and lack of motivation, feeling tired, useless, and unproductive. A review of the medical records indicates that the injured worker is undergoing treatment for severe right ulnar nerve trauma at right wrist, mild bilateral carpal tunnel syndrome, Complex Regional Pain Syndrome (CRPS) of the right hand/arm, chronic insomnia and depression, chronic myofascial pain syndrome of the cervical spine, and pain, numbness, and weakness of the left hand/arm due to overuse. The Treating Physician's progress report dated November 18, 2013, noted the injured worker reporting some improvement of her sleep with medication. The injured worker was noted to be sad and emotional, tearful and apprehensive, preoccupied about her physical condition and financial circumstances. The treatment goals were noted to include decrease in frequency and intensity of depressive symptoms, improved duration and quality of sleep, and decrease in frequency and intensity of anxious symptoms. The Provider noted the injured worker had made some progress toward these goals as evidenced by an improvement in her sleep and "she reports a worsening of her physical condition and as a result her mood has worsened". The Provider noted the treatment plan included relaxation-hypnotherapy of one session per week for 12 weeks to help the injured worker manage stress and-or levels of pain. The physical exams, dated October 7, 2013, and November 18, 2013, revealed a decrease in the injured worker's mood. On October 4, 2013, the injured worker reported her pain and weakness affected her ability to

engage in activities of daily living (ADLs). The injured worker was noted to currently not be working. On January 13, 2015, the injured worker was noted to have an improved mood and sleep due to medications and group therapy. Persistent pain continues to interfere with activities of daily living (ADLs). The injured worker was noted to have made progress with her treatment goals with improved mood and sleep. The treating physician indicates that an October 4, 2013, electrodiagnostic study of the bilateral upper extremities was abnormal. Prior treatments have included bracing, psychotherapy, and medications. The request for authorization dated February 11, 2014, requested 12 sessions of relaxation-hypnotherapy at one session per week for 12 weeks for the management of symptoms of depression and anxiety secondary to right wrist/hand injury as an outpatient. The Utilization Review (UR) dated February 21, 2014, non-certified the request for 12 sessions of relaxation-hypnotherapy at one session per week for 12 weeks for the management of symptoms of depression and anxiety secondary to right wrist/hand injury as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of relaxation/hypnotherapy at one session per week for 12 weeks for the management of symptoms of depression and anxiety secondary to right wrist/hand injury as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chronic Pain, Table 2, Summary of recommendations, Chronic pain disorders.

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

Decision rationale: Pursuant to the Official Disability Guidelines, 12 sessions relaxation/hypnotherapy one session per week times 12 weeks for management of symptoms of depression and anxiety secondary to right wrist/hand injury as an outpatient is not medically necessary. Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, 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. Hypnotherapy guidelines include an initial trial of four visits over two weeks. Evidence of objective functional improvement, a total of 10 visits over six weeks (individual sessions) is indicated. In this case, the injured worker's working diagnoses are not documented in the medical record. The documentation includes a phrase that states, "The patient's diagnosis remains unchanged." Date of injury is July 22, 2009. The date of determination (utilization review denial date) was February 21, 2014. There is no request for authorization in the medical record. Medical records are predominantly from 2013. The most recent progress notice dated January 13, 2014. According to a November 18, 2013 progress note, the injured worker was markedly depressed. The treating provider recommended relaxation/hypnotherapy 12 sessions and 12 sessions of cognitive behavioral therapy. The most recent progress note dated January 13, 2014 states the injured worker has improved with less depression. The treating provider requested 6 behavioral

therapy sessions one time per week times six weeks and relaxation therapy six sessions. There is no request for 12 sessions of relaxation/hypnotherapy. There is no documentation from the original request for relaxation/hypnotherapy demonstrating objective functional improvement. Additionally, the treating provider requested 12 sessions and the guidelines recommend 10 visits over six weeks. The treating provider requested the maximal number of relaxation/hypnotherapy sessions pursuant to the guidelines. There are no compelling clinical facts indicating additional relaxation/hypnotherapy is clinically indicated. Based on the clinical facts in the medical record, peer-reviewed evidence-based guidelines, documentation indicating 12 sessions of relaxation/hypnotherapy were requested November 18, 2013, no documentation indicating objective functional improvement, and guideline recommendations for 10 sessions (total), 12 sessions relaxation/hypnotherapy one session per week times 12 weeks for management of symptoms of depression and anxiety secondary to right wrist/hand injury as an outpatient is not medically necessary.