

Case Number:	CM15-0130736		
Date Assigned:	07/17/2015	Date of Injury:	11/21/2005
Decision Date:	08/21/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/07/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 42-year-old male who sustained an industrial /work injury on 11/21/05. He reported an initial complaint of pain to lumbar spine, right ankle, and cervical spine. The injured worker was diagnosed as having chronic pain, cervical pain, post laminectomy syndrome, and lumbar radiculopathy. Treatment to date includes medication, diagnostics, surgery (cervical fusion, lumbar procedures), psychology services, acupuncture, aquatic therapy, and lumbar support. Currently, the injured worker complained of lumbar pain and chronic GI (gastrointestinal) upset. Per the primary physician's report (PR-2) on 4/22/15, exam reveals flat affect, ambulating with a cane, myofascial triggers at bilateral paravertebral L4-%, positive straight leg raise bilaterally at 60 degrees, and sensation is decreased in bilateral posterior thighs (L5). Current plan of care included medication refill, aquatics, weight loss, replace worn LSO (lumbo-sacral orthotic) brace, functional rehabilitation program, and follow up in one month. The requested treatments include Medical Hypnotherapy/Relaxation Training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Hypnotherapy/Relaxation Training, once a week, indefinite weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Hypnosis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/ Hypnosis.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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). 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). The injured worker suffers from chronic pain, cervical pain, post laminectomy syndrome, and lumbar radiculopathy. Treatment so far has included medication, diagnostics, surgery (cervical fusion, lumbar procedures), psychology sessions, acupuncture, aquatic therapy, and lumbar support. The request for Medical Hypnotherapy/Relaxation Training, once a week, indefinite weeks is excessive and is not medically necessary as it does not specify the number of sessions being requested. The guidelines recommend an initial trial of 4 visits over 2 weeks and total of up to 10 visits over 6 weeks (individual sessions) provided there is evidence of objective functional improvement.